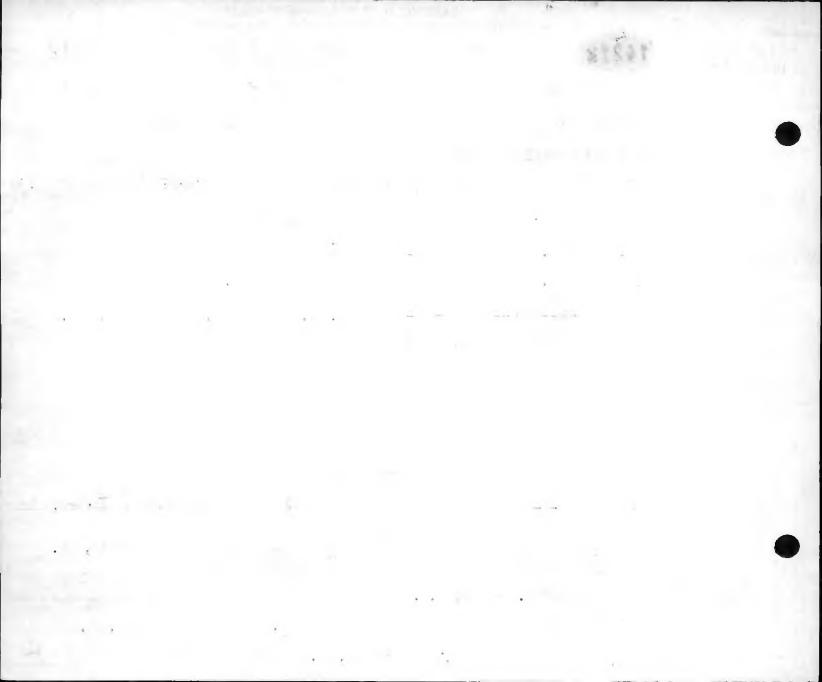
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Harford MARYLAND delay Department b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 1b autside corparate limits, write RURAL and give nearest town) P.M3. write RURAL and give nearest town)
Havre de Grace DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS haurs ON A FARM? Give Pages 1, with farm This certificate shauld be executed within 24 hours after death. If Harford Memorial Hospital YES NO THE 3. NAME OF Lost Day Year DECEASED (Type or print) DEATH within 6. COLOR OR RACE 8. DATE OF BIRTH (In years birthday) Manths Hours in Item 18. WIDOWED DIVORCED 19. 1947 Mav event Office. IDB. KIND OF BUSINESS OR INDUSTRY Rubber
Bloomingdale BIRTHPLACE (State or foreign country)
Mary Land 10a, USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Lab. Assist. USA the certificate, writing the ward "pending" in pencil in 4 should be farwarded to the Chief Medical Examiner's pages 14. MOTHER'S MAIDEN NAME u Lawrence M. Atkins Virginia I. Shinault 0 IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. ar remayal. (Yes, na, or unknown) (If yes give wor ar dates of service) 212-50-4640Mrs. V. Shinault. Conowingo. No 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) burial, crematian, DUF TO Canditians, if any, which gave (b) rise ta immediate couse (a), DUE TO stating the underlying cause 0 WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? NO its designated agent, priar to 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 3 shauld AL EXAMINER: CAUSE OF DEATH. Auto Accident 20c. TIME OF INJURY Manth, Day, Year 2De. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) Nat While While may be retained far yaur FUNERAL DIRECTOR: Page at wark 10-8-66° Route 222 ot work Page 3:30 % Perryville 21. I certify that I took charge of the remains described above, held an Autapsy ... Inspection X. Inquiry X and in my apinian the funeral director. Accident X. Undetermined manner death resulted fram: Natural causes Suicide . Hamicide Air, Md. CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 10/8/66 Health ar DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Gerald C. Palmer, M.D. Address (Street, city, town, or county) BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) 50 Harmony Chapel Cem. Liberty Grove Md 25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR VR A15ME (5) 1966 & Son, Perrvville, Md. DATE OCT 6M 1/66



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in the State Dept. of Health prior to burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and the went, within 72 hours after death.

VR AIS (4) 20M 5-63

	WWW. I PWIND STATE D	ELWIN FUREINE PA	242446111		
DIVISION OF STATISTICAL	L RESEARCH AND RECORD	S, 301 W. PRESTON	STREET, BAL	TIMORE 1. MARYLANI	D
平正约4.		E OF DEATH		•	

一 一 一 一 一 一 一 一					14913				
1. PLACE OF DEAT	н			CE (Where deceased lived, If it	nstitution: Residence before admission)				
Har	ford	MARYLAND	. STATE Maryl	and b. COUNT	Y Harford				
write RURAL en	(if outside corporata limits, d give necrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If outside corporete limits, write	RURAL and give neerest town)				
Bel Air		40 years	Bel A	ir	13-1				
		of in hospital, give street eddress)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?				
The state of the s	th Main Street		400 S	outh Main Stree	TES NO X				
3. NAME OF DECEASED (Type or print)	Ha ttie	e Viola Bailey	Lest	4. DATE Month OF DEATH Octobe	Dey Yeer 15. 19 66				
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years					
Female		IDOWED I DIVORCED I	uly 24, 1891	75 yrs.	Months Days Hours Min.				
10e. USUAL OCCUPA dona during most of w	TION (Give kind of work orking life, even if ratired)	TOB. KIND OF BUSINESS OR INDUSTR	Y II. BIRTHPLACE (Cour	nly & Stele, or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
Housewi		Homemaker	Harford Co	., Maryland	U.S.A.				
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME					
	hn Ellsworth		KK	A					
15. WAS DECEASED EV	VER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO. 17. 1	NFORMANT (Son	1838-6326 Address	2 Forest Drive				
	If yas give were relates of servi		Tom Bailey	Bel Air,	Md. 21014				
		use per line for (a), (b), end (c).]	* * * * * * * * * * * * * * * * * * * *		INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEA	TH WAS CAUSED 8Y; IMMEDIATE CAUSE (e)	Carcinoma of	right brea	st	l year				
1700	170 X DUE TO								
Conditions, if an									
gave rise to immed (a), sleting the									
ceuse lest.	(c)								
PART II. OTHE	R SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(e) 19. WAS AUTOPSY PERFORMED?				
E I	Paraly:	sis agitans			YES NO				
OR CONTRIBUTING	AS UNDERLYING 2 2 CAUSE OF DEATH ( MEDICAL EXAMINER)	Ob. DESCRISE HOW INJURY OCCURRE	D. (Enter nature of injury i	n Pert I or Pert II of item 18.)					
20c. TIME OF INJU	JRY Month, Dey, Year		CE OF INJURY (Home, larn ory, street, office bldg., etc.		(County) (Stele)				
21. I certify	that (I) (this hospital)	attended the deceased from.		106 to Uct.15	nd on the date stated above.				
220. SIGNATURE	771		desiri occurred aras	77.677, 17 011 1110 200303 2	22h. DATE				
ag. Buyercia Nee	186	Douthit "	.D. PHYS.	NED. STAFF	Oct. 15, 1968 GNED				
22c. PHYSICIAN'S NAME (Type	1	arthel, M.D.	22d. ADDRESS Forest	Hill, Maryland					
23e. SURIAL, CREMAT REMOVAL ISpecify DULLA	Oct.18,19			Bel Air, Harf.	or county) (Stete) Co., Md. 21014				
24 FUNERAL DIRECTO	R'S SIGNATURE W	Broadways Willi	WILLIES IN CALL	CT 18 1966	STRAR'S SIGNATURE Clianley Judge				
		,			00=				
	7 7 7				7				

Joseph William Foster

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# FOR STATE HEALTH DEPT a within 24 hours after death. If any delay is in pencil in Item 18. Give Pages 1, 2, and 3 to necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages lond 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 haurs after death. This certificate should be executed within 24 hours after death. If TO DEPUTY MEDICAL EXAMINER: 5 may be retained for your files.

VR A15ME (5) 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TART	Šį.	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	1.4	1914
o. COUNTY Hat	nfand		2. USUAL RESIDENCE (Where deceosed live	L COLUMNIA	
		MARYLAND	Maryland	na.	rford
write RURAL or	(If outside corporate limits, and give neorest town)  de Grace	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corparate lim Edgewood	its, write RURAL and give	nearest town)
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in	n hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
DOA H	27tordN	10MOY171 HOSATI	2019 Rockwell Stre	et	ON A FARM? YES NOTE
3. NAME OF DECEASED (Type or print)	First WILL	Middle EARL	Lost 4 DATE OF DEATH	Month October	Doy Year 14 19 66
S. SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE	(In years   IF UNDER 1	
Male		WIDOWED DIVORCED D	August 3, 1966	O yrs. 2	Doys Hours Min.
during most of working	N (Give kind of work done g life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  Maryland	(ÔÑ	ZEN OF WHAT NTRY? SA
13. FATHER'S NAME		110000	14. MOTHER'S MAIDEN NAME	0,	V-14
Wil	liam Earl Ble	evins, Sr.	Nizma Shirley Ann	Bradley	
	ER IN U.S. ARMED FOR CES? (If yes give wor or dotes of se	prvire	INFORMANT s. Nizma Shirley Ann	Address Edger Blevins 20	,
	ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Y, which gove  (b)		~		INTERVAL BETWEEN ONSET AND DEATH
stating the under					
PART II. OTHER S	SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN F	'ART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL C. PRIMARY 🗆 or CC CAUSE OF DEATH.  20c. TIME OF INJ Hour o.		20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Port II of	item 18.)	124
20c. TIME OF INI Hour o.	JURY Month, Doy, Year m. m. 19		ACE OF INJURY (Hame, form, 20f. (City tory, street, office bldg., etc.)	or town) (Coun	ty) (Stote)
21. I certif	fy that I took charge o	of the remains described above, he	eld an Autopsy 🗍 , Inspecti <u>an</u> 🔀	, Inguiry ,	and in my opinion
death resul				rmined manner	and in my opinion
400111 10301	A Mariora	Accident [], Son	CHIEF MEDICAL EXAMINER	BODA	2.1
ACTUAL SIGNATURE	Zerald C	Falmer	M.D. ASSISTANT MEDICAL EXAMINER	Torin	22. DATE SIGNED
EXAMINER'S NAME (Type)	Gerald C. Pal	mer, M.D.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or cou	10-	15.66
230. BURIAL, CREMATI REMOVAL (Specifical)			CREMATORY 23d LOCATION TIAL Gardens Bel Ai		ounty) (Stote)
24. FUNERAL DIRECTO		ADDRESS	250. RECD BY REGISTRAR	r Harfo	NATURE.
		Son, Abingdon, Md		366 Jelian	les Judge

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND CERTIFICATE OF DEATH funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY HARFORD b. COUNTY 하고 하 MARYLAND HARFORD and b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town? C Pages 21014 21014 filled d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) papers. Pagin 72 hours a d. STREET ADDRESS e. IS RESIDENCE ON A FARM? RD Bex 45 Box 4 YES NO NO 3. NAME OF Middle Lasi 4. DATE Day Year Month DECEASED BOTTS (Typa or print) GEORGE OCTOBER THOMAS DEATH 66 19 carbon tt, withir 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS and last birthday) WIDOWED F DIVORCED GUST physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 4.54 KEFRIGERATION ease 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME B ā L. WONES oval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyasgivewar or datas of sarvica) DOOLEY permit. ۵ 1B. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c), INTERVAL BETWEEN ö ONSET AND DEATH signed PART I. DEATH WAS CAUSED BY: ORONARY INSUFFICIENCY IMMEDIATE CAUSE (a) INSTAN'I burial-transit ARTERIO SOLEROTIC CARDIO VASGULAR DISEASE Conditions, if any, which gava risa to Immadiata causa DUE TO (a), stating the undarlying certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) SE 19. WAS AUTOPSY 2 CERTIFICATION PERFORMED? U56 prior NO V Ę 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of Injury in Part I or Part II of itam 18.) Health OR CONTRIBUTING CAUSE OF DEATH detached 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Homa, farm, (Slate) 20d. INJURY OCCURRED | 20f. (City or lown) (County) ď factory, streat, offica bldg., atc.) While Not While Hour at work at work Dept State D DIREC 1966, and that death occurred off SAM, from the causes and on the date stated above. saw the deceased alive on.... 22a, SIGMATURE ATTENDING. death. Page 4 DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS ector, I NAME (Typa) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION town or county) P g g REMOVAL (Spacify) Dublin HANGER CO. Oct. 23 MAN BiTNEI W. Broad ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE 20M S-63 · Joseph William

3 ( ) MODE SHOULD SHOULD SHAUSE 8#05 24 A 5#62 24 ac SECREE THEMES DON'TS WE CHANGE THE KAPE LONG COLLAND TO SEE REPORTERIAL STATES FRANCIS HASPING MIRRYMAND - 4154 ESHAC THANKS CORTS CONTINUES IN CONTINUES THE PROPERTY OF LEVER (SECTED) AND THE THE PROPERTY CONTRACT THE PROPERTY TO THE PARTY. MATERIAL SECTION OF THE PROPERTY OF THE PROPER The Part of the 2011 14 752 - Contract of Maria THE WAS ALLESS TO SHOW THE PARTY OF THE PARTY OF THE PARTY. and the second of the second of the second 

CERTIFICATE OF DEATH executed within 24 hours after deoth. death. by the funeral Pages 1 and 2 ). PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission) o. COUNTY b. COUNTY vithin 72 hours offer MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF-STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) filled in } A NAME OF HOSPITAL OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? (If not in hospital, give street address) 1060 YES NO X remove corbon 3. NAME OF Middle 4. DATE Month Year Lost DECEASED Rew (Type or print) 1966 event, IF LINDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In veors IF UNDER 1 YEAR Host birthdoy) Months Dovs Hours EC, 29, 1890 DIVORCED WIDOWED puo 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) OR ATTENDING PHYSICIAN: The low requires that the death certificate be physician a during most of working life, even if retired) INDUSTRY COUNTRYS FARMER HITEFORD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM or removal, Then RENNINGTON ERTHA 15. WAS DECEASED EVER IN U.S. ARMED FOR (ES? (Yes, no so inknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. cremation, INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o) signed by the buriol-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) be retained by the hospital or attending physician. DUE TO burial Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse has been the State Dept. of Health prior to last. 50 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) USe YES NO this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY-MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg\_etc.) Not While at work of work TO FUNERAL DIRECTOR: After pe 21. I certify that (I) (this haspital) attended the deceased fram plnods filed with the and that death accurred at 11.30M. from causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 22o. SIGNATURE MED DIRECTOR M.D. PHYS. director, page should be filed TO HOSPITAL (Poge 4 may b 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) ADERNACLE C30337 **FUNERAL DIRECTOR** ADDRESS 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 66

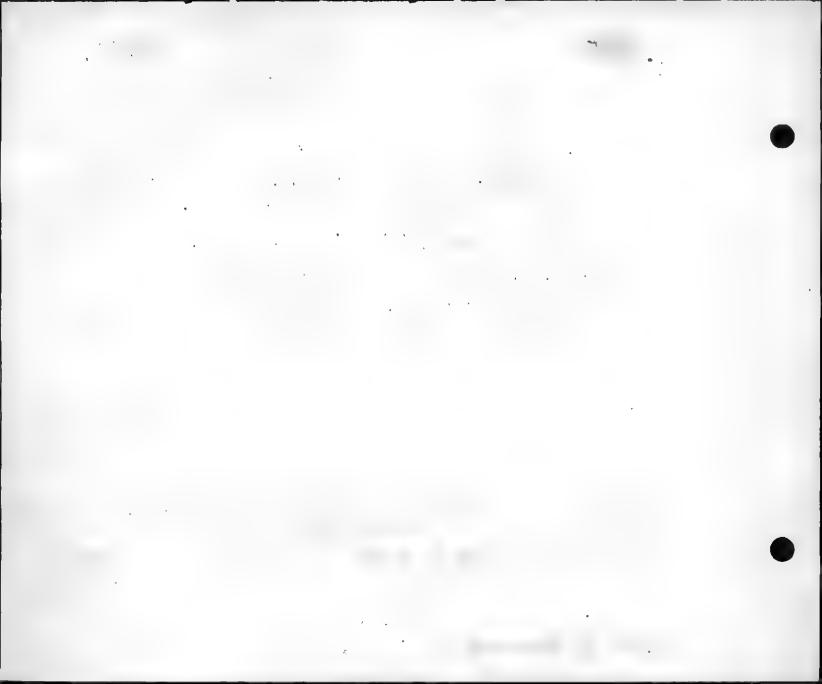
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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14917

1 MARCH OF BRAZIL	<del></del>								
PLACE OF DEATH     a. COUNTY			CE (Where deceased lived, If instruction:	Residence before admission)					
Harford	MARYLAND	a. STATE Maryland b. COUNTY Kent							
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow							
Aberdeen Proving Ground	_	Betterton		4 1 2					
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
Kirk Army Hospital		None		YES ND X					
DECEASED	Middle	Last	4. DATE Month	Day Year					
(Type or print) GEORGE	CUR	LETT. JR.	DEATH Oct	3 1966					
5. SEX 6. COLOR OR RACE 7. MARRIE	D XX NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDE last birthday) Months						
Male White WIDDWE	D DIVORCED	2 Jan 1919	47 yrs.	Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS DR	11. BIRTHPLACE (C	ounty & State, or foreign country)   12.	CITIZEN OF WHAT					
Time Pierbton	ACPT. OF ARMY	Conne Amm		COUNTRY?					
Fire Fighter   1	MCPT. OF ARMY	Queen Anno	es, MQ.	USA					
		14. MOTHER S MAIL	AT HAME						
George Curlett, Sr.		Martha Wil							
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   1 (Yes, no, or unknown)   (If yes give war or dates of service)	6. SOCIAL SECURITY NO.   17.	INFORMANT	Address						
	18-12-7550	Wife							
18. CAUSE OF DEATH [Enter only one cause pe	r line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY:	te Myocardial 1	nfanotion		Immediate					
IMMEDIATE CAUSE (a) ACT	toe Myocar Grai	III aI COLOII		THINEOTARE					
DUE TO									
Conditions, If any, which gave rise to immediate (b)									
cause (a), stating the DUE TO									
underlying cause last. (c)									
PART II. DTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO BEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(a	)  19. WAS AUTOPSY					
ICAT			3	YES X NO					
PART II. DTHER SIGNIFICANT CONDITIONS CONTRI	DESCRIBE HOW INJURY OCCU	RRED. (Entermature of	injury in Pert I or Part II of Item 1	8.)					
20c. TIME OF INJURY Month, Day, Year 2Dd.	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa ry, street, office bldg., e	rm, 20f. (City or town) (Co	ounty) (State)					
20c. TIME OF INJURY Month, Day, Year 2Dd. Hour a.m. While p.m. 19 at w	io   Tinor minic   Ti	,,,	,						
21. I certify that (I) (this hospital) atten									
saw the deceased alive on DOA 3 Oc	$ct_{\underline{\underline{}}19.66}$ and that	death occurred at	OCOM, from the causes and on	the date stated above.					
22a. SIGNATURE	. 1		22b.	DATE SIGNED					
John L. Jour	SCH COL MC M.D	ATTENDING ATTENDING	MED. DIRECTOR PHYS	Oct 66					
22c. PHYSICIAN'S NAME (Type) TOTAL TOTAL	7	22d. ADDRESS							
JOHN L. BUIDO			Hospital, APG, Md						
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY		23d. LOCATION (City, town or co	ounty) (State)					
Burial 10-6-66	Still Pond	Cemty	Still Pond	Md.					
24. FUNERAL DIRECTOR	ADDRESS		D'D BY REGISTRAR 256. REGISTRA	R'S SIGNATURE					
Victor 1. Nennedy	Still Pond,	Md . DATE OC	T 3 1966	Mar Oudes					

VR A15 (4) 20M 1/65

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 Daurs after deathy requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission a. COUNTY **b** COUNTY ve carban papers. Pages I event, within 72 haurs after MARYLAND (If autside corparate I mits, c LENGTH OF STAY IN 1b autside carparate limits, write RURAL and give nearest town) GRACE NAME OF HOSPITAL OR INSTITUTION, (If not in hospital, give street address) campletely filled in d. STREET ADDRESS B IS RESIDENCE ON A FARM? YES 🗔 NO TX carban NAME OF Middle DATE DECEASED eNevieve (Type or print) S. SEX AGE (In years F UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** Sost birthday) remove Months Dovs Hours 17,1883 and in any WIDOWED DIVORCED and Do. SUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? please during most of working life, even if retired) INDUSTRY physician Long Island, New York Housewife Home 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME Charles Smith Margaret Keirnan attending <sub>1</sub> IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. (Yes, no ar unknown) (If yes give war ar dates of service Veronica Moore. Aberdeen. Md. crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b),
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p burial, cremati ONSET AND DEATH IMMEDIATE CAUSE (a) by the haspital or attending physician. DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying couse the has been last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO IO FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING [7] 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Hour a.m. factory, street, affice bldg., etc.) While Not While at work at work þe 6 . 19 66, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from 12.12 be retained 19 6, and that death accurred at 10 M, from causes and on the date stated above. saw the deceased alive an October 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS 10-16-66 DIRECTOR M.D. director, page should be filed 22d. ADDRESS 22c PHYSICIAN'S Page 4 may B.J. Plunkett NAME (Type) M.D. Aberdeen. Jr. Maryland 23g. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) 10-17-66

Long Island National

Tarring Funeral

Aberdeen. Md.

Farmingdale

1966

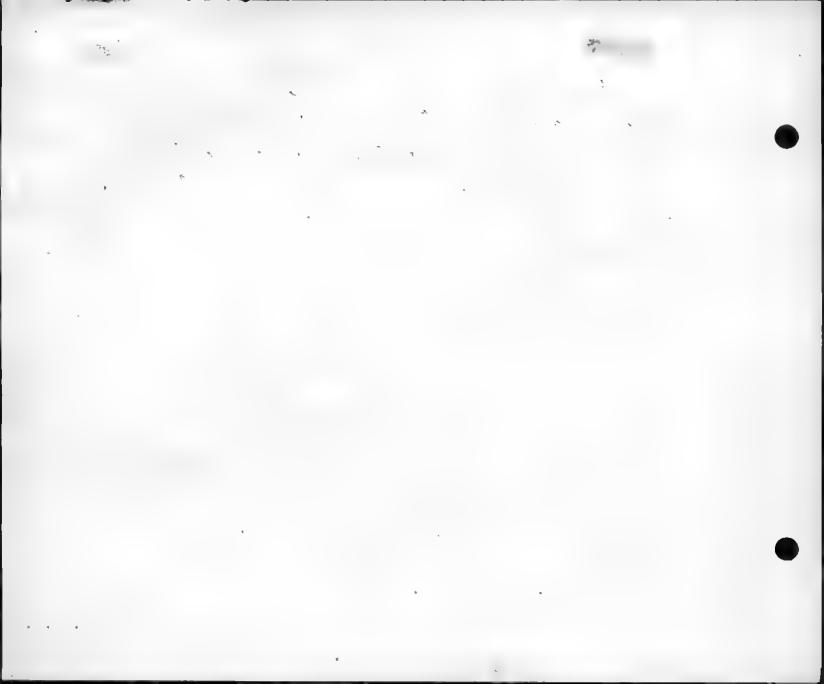
256 REGISTRARS SIGNATURE

Homeso. RECD BY REGISTRAR

VR A15 (4) 20 M 1/66

Remova

FUNERAL, DIRECTOR



CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY Maryland Harford Harford MARYLAND b CITY OR TOWN (If guitside casparate limits. c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Rural - Darling ton 20 Rural - Darlington vears e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Paddrick Road Paddrick Road YES NO X First Middle 4. DATE 3 NAME OF Lost Month Dov DECEASED HARVEY CARTER October 30. DAWSON 1966 ĎĖATH (Type or print) S SEX 9. AGE (In years IF UNDER 1 YEAR I IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** 8. DATE OF BIRTH birthday) Haurs Jost Male White Dec. 10.1907 WIDOWED DIVORCED 12. CIT ZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1), BIRTHPLACE (County & State or fareign country) COUNTRY during most of working life, even fretired) SPESTRY Street, Md. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Grant Dawson Sara Jane Carter 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give war at dates of service) 218-10-8844 Mrs. Helen Dawson, Darlington, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) )
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gave rise to immediate cause (o). DUE TO stating the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20o ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (State) 20c. TIME OF INJURY Month, Day, Year (City or tawn) Haur om. factory, street, affice bldg., etc.) Not While at work at work 26 1966 to ( ex 30, 1966, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from 1966 and that death accurred at 10p M. from causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. Oct. 31, 1966 M D PHYS. ADDRESS 226 PHYSICHAN'S 22d Delta. Penna. NAME (Type) Josiah A. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Ascension Street. Harford Md. Nov. 3.1966 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR **ADDRESS** Delta. Penna. DATEN OV A

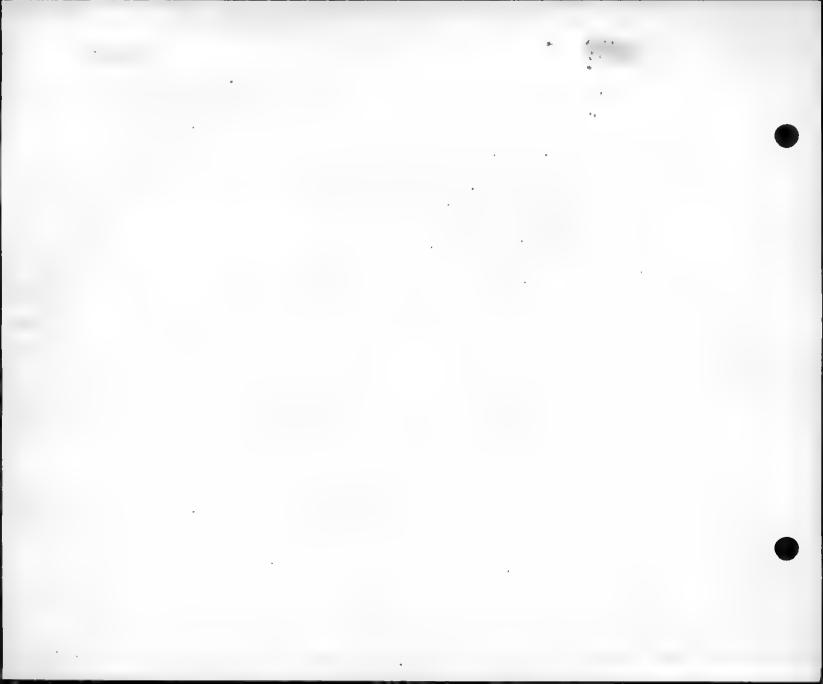
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death completely filled in by the funeral ove corbon papers. Pages 1 and y event, within 72 hours after death remove corbon signed by the burial-tronsit p Page 4 may be retained by the hospital or ottending physicion. After this certificate has been be detached for use as the State Dept. af Health prior to O FUNERAL DIRECTOR: After director, page 3 should should be filed with the

burial, cremotion, or removal

20 M 1/66

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ULS	by 1 Pa	1	write RURAL and give necess town)	5days	Havre d	le Grace	,
ho	.e s 2		d NAME OF HOSPITAL OR INSTITUTION (If not n	haspital, give street address	STREET ADDRESS		B IS RESIDENCE ON A FARM?
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ŧ	attending physician permit. Then please an, ar/emoval, and i	13.	Charles II alland		14. MOTHER'S MAIDEN NAME	· Olivar	
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that the death certificate be executed within 24 haurs after on.	attendi permit. ian, ar	⊨	18. CAUSE OF DEATH (Enter only one cause p	y loo for (a) (blood (a)	of com in wa	my - Adarfus to	ERVAL BETWEEN
±	(1) ±	1	PART I. DEATH WAS CAUSED BY:	TORIT. Vinner	trombosis	ON	ISET AND DEATH
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ires	signed by the burial-transit burial, crema		Canditians, if any, which gave ) (h)	Corman arteur	Depse and	Deneral	
redu o			rise to immediate cause (a),  stating the underlying cause  DUE TO	0 . 0	7		
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te l	P G	×	PART II OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a) 19.	WAS AUTOPSY PERFORMED?
11 10		18					ES NO 🔽
PHYSICIAN Physicial	Maria Maria	CERTIFICATION	20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED. (	Enter nature of injury in Part 1 a	r Part II of item 18.)	
HYSICIA hospital	ached ept. o	_	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
F	this certi detached e Dept. of	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m.		E OF INJURY (Hame, farm, iry, street, affice bldg., etc.)	20f. (City ar town) · (Caunty)	(State)
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OR A	≥		Muller H	Plullin M.D	ATTENDING MED. PHYS. DIRECT	C STAFF C	LD
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7 8	E P P		NAME (Type) Dudley	=hillips Mi)	1) ARIN	19TON MICH	
Page 4 may	ro FUNERAL DIRI	230	OUR AL TREMATION, 23b. DATE THEREO	23c NAME OF COMETERY OR	REMATORY 23	d LOCATION (City or Lown) (Souply	(State)
Pope	5 = 2	/	REMOVAL (Specify) 16/6/6	6 Harfred YV	UM: Yardas	aldeno 111	a.
	VR A15 (4)	2	. JUNGAL DIRECTOR	ADDRESS	2So. REC'D BY RE	2 2 2	E
	20 M 1/iii	10	concescus con	yanua Wall	YMA DATE OCT	10 1936 Eliantes	mage



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

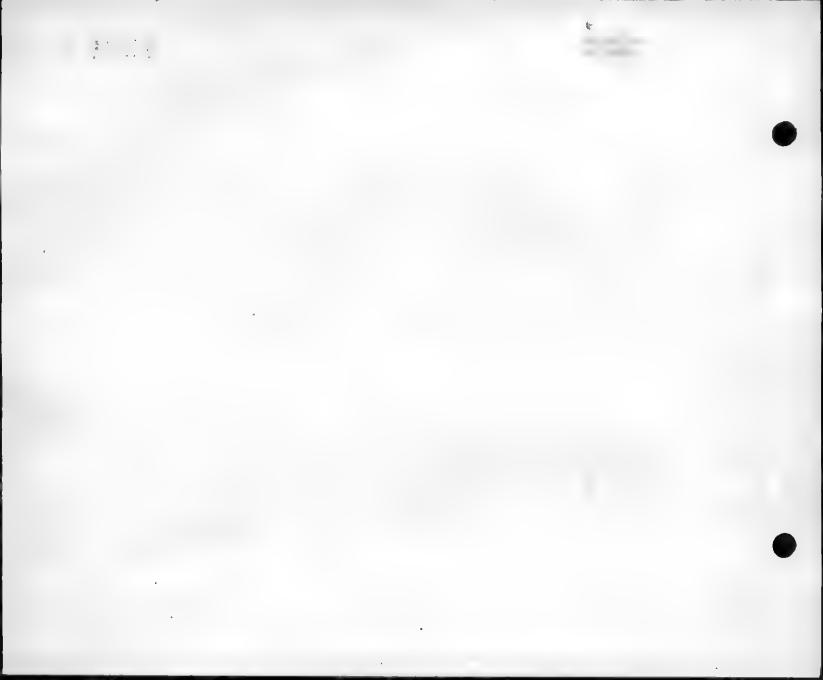
CERTIFICATE OF DEATH

14221

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1.	PLACE OF DEATH	· · · · · · · · · · · · · · · · · · ·				2 USUAL RESIDENCE (WI	here deceose	d lived, if institu	it on Resident	ce before admiss	ion)
	o. COUNTY	Harford				- CTATC		F (0)	INTER		
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		f outside corporate limits,		c, LENGTH OF STAY IN	lb	c CITY OR TOWN (If outs	ide corparat	e limits, write Ri	JRAL and give	nearest town)	
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	DECEASED (Type or print)	lar	T.	ildro	h	Dilworth	DEATH		.0		66
5	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9	AGE (In years	IF UNDER		ER 24 HRS
rt	-	200 4 4	WIDOWED	DIVORCED	$\overline{\Box}$	9-3-1919		lost birthday)	Months	Days Hours	Min
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100	o USUAL OCCUPATION	(Give kind of work done		DIICTRY		11 BIRTHPLACE (County &	Store, or for	eign country)		UNTRY?	
441	P. L			Hospita	1	Jaltimore	arv	rland		U.S.	-Λ-
13.	FATHER'S NAME					14. MOTHER'S MAIDEN NA				2.0	
		Villiam E					ar	<u>r Challr</u>			
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or do tes of	16 5	SOCIAL SECURITY NO	17	INFORMANT		Adid	ress		
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CERTIFICATION	20o ACCIDENT WA		205 DE	SCRIBE HOW INJURY OCC	URRED.	(Enter noture of injury in Po	ort I or Port	II of item 18)			
8		CAUSE OF DEATH	_]								
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MEDICAL	20c TIME OF INJ	URY Month, Day, Yeor	While			CE OF INJURY (Home, form, tory, street, office bldg., etc.)	201	(City or lown)	(LOE	anty)	(Stote)
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		fy that (I) (this-hosp			rom	19/1/	) \$ 5 to	14.61.)	10 (	that (I)	(wa) last
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		eceased olive on	1/2//	17 C 17 C 10	ia lik	il death occorred or T	ST P AVI	, morn couses			eu above.
	220/ SIGNATURE	n 1/11	11/11	to.		ATTENDING -	MED	STAFF _	22b D/	ATE SIGNED	61 .
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	22 - PRYSICIAN'S		.4	2		22d ADDRESS			,		
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		1 V X X V V X X X	VV		7	12400101	Maria de Cara	- 14 13 2			0.7
230	o. BURIAL CREMATI	ON, 23b. DATE THEF	REOF	23c. NAME OF CEMET	ERY OR	CREMATORY		ATION (City or T			(Stote)
	REMOVAL (Specify	) 10-31-1	066	St. John	a ()	omat omr	Lon	g Green,	***	arford 4	-d.
2/	4 FUNERAL DIRECTO		-700	ADDRESS	0 0	Con 1 1 Ac. DECED			REGISTRAR'S S		
24	4 FUNCKAL DIKELIC	PK.		AUUKESS		(34) 200 KECO		1956		Ales Que	1
	P		111	m 12 - 1 10							

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2, should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE DEPT. PLACE OF DEATH. 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admiss of leath o COUNTY b. COUNTY Page Department of delay 15 MARYLAND TOWN (if outside corporate limits C LENGTH OF STAY N 16 t CITY OR TOWN (If outside corporate imits write RURAL and give nearest town) and P.M3 write RURAL and give nearest town) after d NAME OF HOSPITAL OR INST TUTION ( finat in hospital, give street address d STREET ADDRES haurs alang with farm 8 Give Pages 1, State This certificate should be executed within 24 hours after death NAME OF DATE Month DECEASED OF DEATH C with the within (Type or print) S SEX 6 COLOR OR RACI DATE OF B RTH AGE NEVER MARK ED (In veors last birthday) WIDOWED D. VOR CED and 2 pencil in Item 1 the Chief Medical Examiner's Office ent 1Do USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR (State or foreign country) during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14 문 pup WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN 16 SOCIAL SECURITY NO 17 permit (Yes, no, or unknown) {(If yes give wor or dates of service) pending removal. 6-36-1061 GLASS BORD UNK. 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b) and (c)) **burial-transit** PART I DEATH WAS CAUSED BY Ь IMMEDIATE CAUSE (o) the certificate, writing the ward 4 shauld be forwarded ta the C crematian, DUE TO Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO В stating the underlying cause 8 lost burial, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON G VEN IN PART 1(o) prior to pe 2Do EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port Lor Port Lof term 18.) 3 shauld MEDICAL EXAMINER: CAUSE OF DEATH MEDICAL its designated agent, T ME OF INJURY Month, Dov. Year 2Dd INJURY OCCURRED 20e PLACE OF NJURY (Home, form 20f factory, street, affice b da, etc 1 Not While may be retained for your FUNERAL DIRECTOR: Page Page 4 necessary, please execute af work at work I certify that I taak charge of the remains described above, held an Autopsy Inspection 元 the funeral director death resulted from Accident | X Suicide Hamicide Undetermined manner SIGNATURE TO DEPUTY

DATE THEREOF

23b

VR A15ME (5) 6M 1/66

Health ar i

NAME (Type)

**FUNERAL DIRECTOR** 

2Sb. REGISTRAR'S SIGNATURE 1966

(County)

DEPUTY MEDICAL EXAMINER IN

250

TRIZEIZDATE

Address (Street city, fown, or county)

LOCATION.

(City or Town)

e IS RESIDENCE ON A FARM?

Da

12 CITIZEN OF WHAT

IF UNDER 1 YEAR

Months

YES NO IN

Year

IF UNDER 24 HRS

19

Hours

NTERVAL BETWEEN

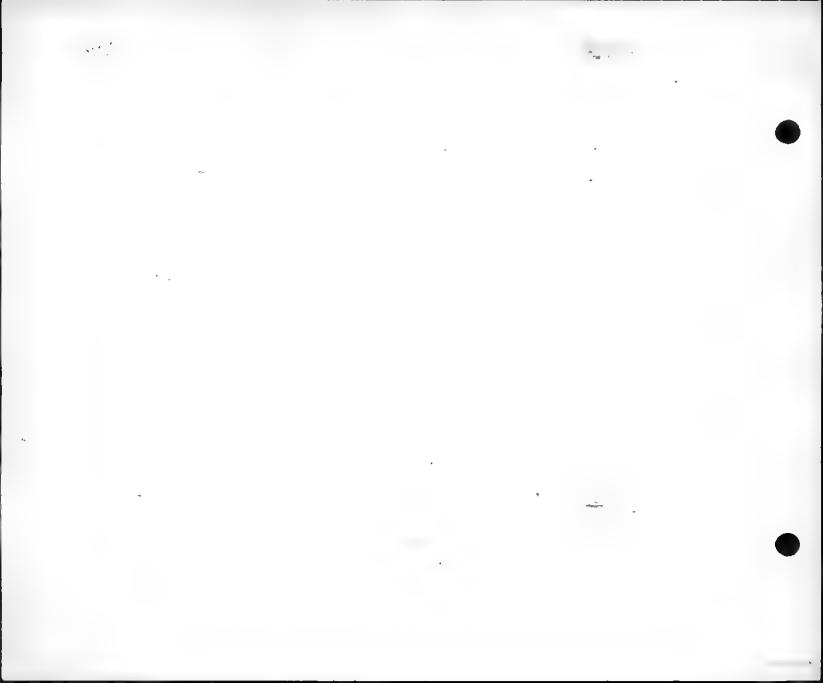
ONSET AND DEATH

WAS AUTOPSY PERFORMED?

and in my apinian

22. DATE SIGNED

NO

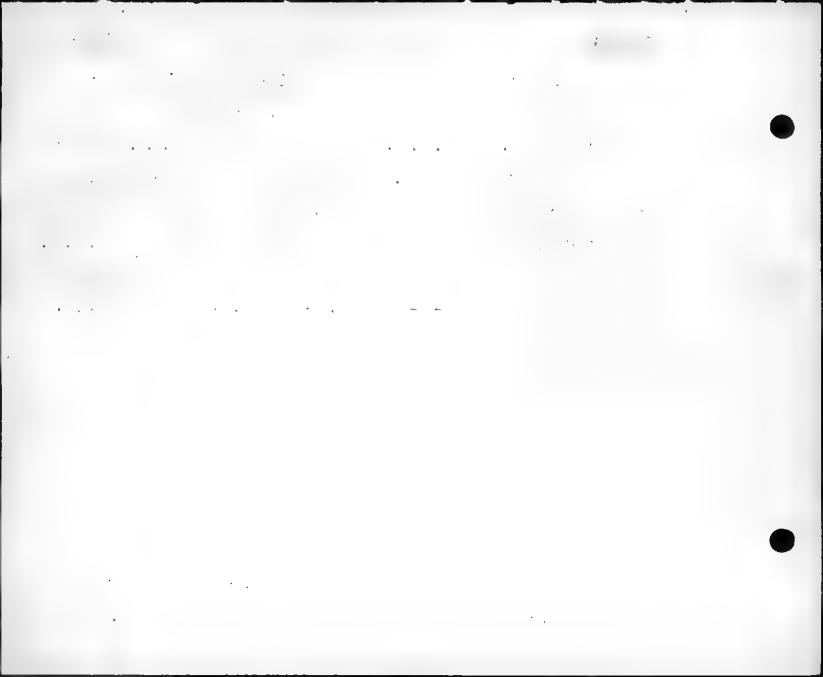


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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
14223

1.	PLACE OF DEATH	1					2. USUAL	RESTOENC	CE (Where	e deceased			esidence before admission)
	a. COUNTY	Harfo	rd		h	MARYLAND	a. STA	TE Mary	yland	d	b. COUN	TY H	arford
	b. CITY OR TOW write RURAL	N (if outside corpo and give nearest t	rate limits,	c. Li		STAY IN 1b	c. CITY OR	TOWN (If	outside	corporate	limits, wri	te RURAL	and give nearest town)
		JODDA SPITAL OR INSTITUT	-						ppa.				/ - /
				in hospita	l, give stre	et address)	d. STREET						e. IS RESIDENCE ON A FARM?
		3 Clayton	Road	R.	F. D	1. 3	3613	Clay			R.F.I		YES 🔀 NO 🗌
3.	NAME OF DECEASED		First		Middle		Last	_	4. DA	•	Month		Oay Year
	(Type or print)	Phi			н.		Edwar		DE	ATH	Octo		4, 19 66
-	SEX	6. COLOR OR RAC	F 1 1111K151	IEO 🕎 N			8. DATE OF			last	birthday)	Months	1 YEAR IF UNDER 24 HRS. Oays   Hours   Min.
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S	chool Pr	incipal		Educ	ation	1	Mar	yland		E		1	U.S.A.
13.		Edwards						e Ric					
15.		EVER IN U.S. ARMED	FORCES?	16. SOCIA	L SECURIT	YNO.   17.	INFORMANT	a ICC:	Hal W	<i>D</i>	Addres	S	
	s, no, er unkown)	(If yes give war or date							. 1	P.a			3//3
	No.	DE SELL EX-Location	1		28-31		es. Mar	garet	A. J	POWEL	as .	oppa	Md.
П		DEATH (Enter only ATH WAS CAUSED		per line roi	(a), (b), a	ua (c). ]							ONSET AND DEATH
ш		IMMEDIATE CAUS	SE (a)	g/m	ysa	gra-							
11	JJ X		JE TO										
Н	Conditions, If	Immediate /	(b)										
	cause (a), si underlying caus	acing the [	UE TO										
8		IGNIFICANT CONOL	(c) TIONS CONT	RIBUTING	TO DEATH	BUT NOT REL	ATEO TO THE T	ERMINALE	DISEASE	CONCITIO	N GIVEN IN I	PART 1(a)	19. WAS AUTOPSY
SATE													PERFORMES?
CERTIFICATION	20a. ACCIDENT	WAS UNCERLYING	EATH 20	b. OESCR	IBE HOW	INJURY OCC	URRED. (Ente	r nature of	f Injury I	n Part I o	r Part II o	Item 18.	
	(IF EITHER, NO	NG CAUSE OF O	MINER)										
ICAL		INJURY Month, Da	37	od. INJURY			ACE OF INJUR			f. (City	or town)	(Cou	nty) (State)
MEDICAL	Hour a.n		L9 at	hlle IN	ot While at work		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		<u> </u>		
[ ]	21. I certif	y that (I) (this he	ospital) atl	ended th	e deceas	ed from	1-1	, 19	957,	to_ / 0	-14	, 19 <i>6</i>	, that (I) -(1225) last
Н		ceased alive on_	10	-11	1964	and tha	it death occi	urred at 🕹	5 7 M	, from th	e causes	and on th	ne date stated above.
	22a. SIGNATUI	RE	> 0		_		ATTENOU	NG	MEO.	s	TAFF	22b. Di	ATE SIGNED
	22c. PHYSICIA	NIE U	cum			M.	D. PHYS.		DIRECTO		HYS.	10.	-17 98
	NAME (T)		1 (0)	6 1	9/2	e7-	45)	UURESS ,	Be	OA	n,	nd	
23a	BURIAL, CREM	ATION, 23b. OAT	E THEREOF	230	. NAME (	OF CEMETER	Y OR CREMAT	ORY	23d.	LOCATIO	ON (City, to	WI OF COL	mty) (State)
	REMOVAL (Spe	10/1	7/66				e Cemet	ery			ille,		
24.					AOORES			25a. RE0	C'O BY R	EGISTRAR	25b. R	GISTRAR	S SIGNATURE
12	Van 1	Luckne	Ast of	ms &	me 1	Horl	Eves.	OATE (	TOC.	1 8 1	dee	mlin	

VR A15 (4) 20M 1/65



### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, if Institution, Residence before edmission) e. COUNTY **b.** COUNTY Harford Marvland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give naerest town Fallston d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDRESS Harford Memorial Hospital 3. NAME OF First Middle 4. DATE Month DECEASED OF (Type or print) DEATH DANA 10 FLEMING 6. COLOR OR RACE 7. MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR | 8 DATE OF BIRTH NEVER MARRIED I 2 with last birthday) Male WIDOWED [ DIVORCED White 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BURTHPLACE (State or foreign country) done during most of working life, even if retired) TA FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknwn) | (If yas give wer or dates of service) CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Multiple Traumatic Injuries DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), stelling the undarlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY pluous 20b. DESCRIBE HOW INJURY OCCURED, (Entar neture of miury in Part I or Pert II of Itam 18.) 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING Deceased-Operator of fourwheel drive loader, vehicle fell over CAUSE OF DEATH the Chief 1 R: Page 3 s 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f, (City or fown) Month, Day, Year factory, street, office bldg., etc.) While Not While 9 1966 gravel pit at work X et work Joppa OR: 21. I certify that I took charge of the remains described above, held an Autopsy XI. inspection Inquiry forwarded h Natural causes Accident X Suiciele Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL. Its design. SIGNATURE

Rudiger Breitenecker

VS. A15ME 5M 9/60

E40 9

EXAMINER'S

274 BURIAL CREMATION. REMOVAL (Spacify)

23. FUNERAL DIRECTOR

NAME (Type)

DEPUTY

DATE NOV

NAME OF CEMETERY OR CREMATORY

**ADDRESS** 

DEPLITY MEDICAL EXAMINER

Address (Street, city, town, or county)

22d. LOCATION (City, town, or country)

REGISTRAR'S SIGNATURE

Harford

24

backwards on him.

(County)

Harford

. IS RESIDENCE ON A FARM? YES NO

66

Yes

19

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES IN NO FI

> > (Stella)

Md.

and in my opinion

DATE SIGNED

10/25/66

IF UNDER 24 HRS.



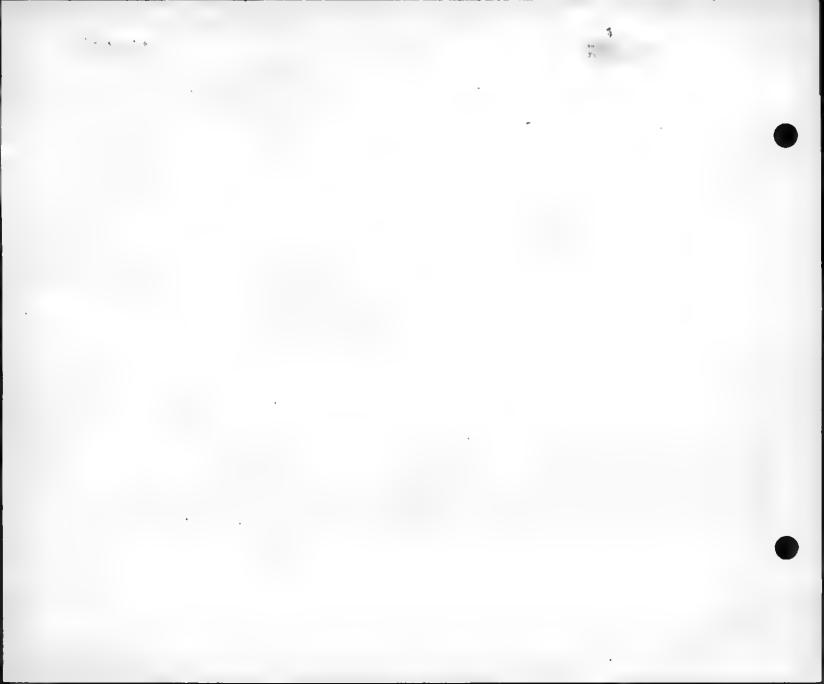
CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission COUNTY MARYLAND b CITY OR TOWN (If outside corporate c. LENGTH OF STAY IN 1b Arte RURAL and give nearest town d STREET B. IS RESIDENCE ON A FARM (If not in hospital, give street address) NAME OF First Middle DATE DECEASED (Type or print) DEATH SEX AGE IF JNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** (In years last buthday) Months Days Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even Eretired) INDUSTRY COUNTRY-Housew 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM IS. WAS DECEASED EVER IN U.S. ARMED FORCES INFORMAN 16. SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give wor or dofes of service) INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X 20a ACCIDENT WAS JINDERLYING 

OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Port II af item 18.) (IF EITHER, NOTIFY MEDICAL EXAM-NER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or Town) (County) (State) Haur o.m. Not While factory, street, office bldg., etc.) at work at wark 2). I certify that (1) (this hospital) attended the deceased fram (C and that death occurred at 71 200, fram causes and an the date stated above. saw the deceased alive and 22d ISIGNATURE M.D. DIRECTOR PHYS. ADDRESS 22d PHYSICIAN'S NAME (Type) 23c MAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMATION DATE THEREOF (County) (Stote) REMOVAL (Spenfy) 250 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** 

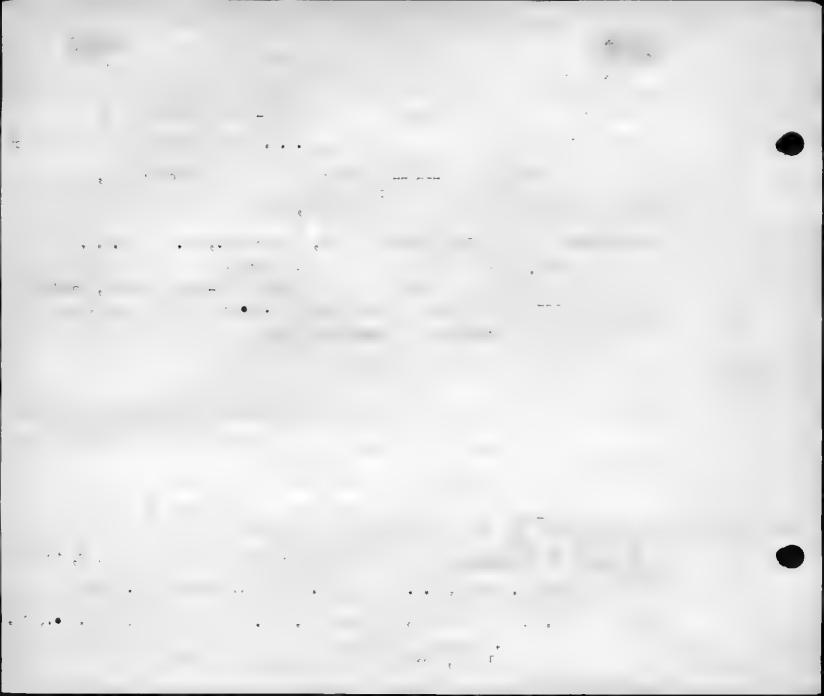
1966

requi≡s that t≣e ≣∎ath certificate b≡ executed within 24 haurs after death by the funeral Pages 1 and ian and campletely filled in by the fui ese remave carban papers. Pages I fyd in any event, within 72 haurs after attending physicity. Then pr burial, crematian, or rema #e signed by the burial-transit O HOSPITAL OR ATTENDING PHYSICIAN: The fow requi≡s the Page 4 may be retained by the haspital ar attending physician. has been be detached far use as the State Dept, af Health priar to TO FUNERAL DIRECTOR: After this certificate director, page 3 should should be filed with the VR A15 (4) 20 M 1/66

deoffi.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutioni Residence before edmission) . COUNTY Harford e. STATE Maryland **b.** COUNTY by the and 2 death. Harford MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Write RURAL and give nearest town) Pages 1 .⊑ Rural - Forest Hill Bel Air hour d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS IS RESIDENCE carbon papers. Pagint, within 72 hours ON A FARM? South Main Street YES NO TO 3. NAME OF 4. DATE Middle DECEASED OF 50000 (Type or print) Floyd Goss 19 66 October AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE! B. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdey) Months I Male White April physician and remove control and avening the control of the contro WIDOWED [ DIVORCED | 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Saw Sharpener Self Employed Fox. Grayson Co., Va. attending pk Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jessie Z. Goss Dora Phipps 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Sister) 734-6814Address RFD#1. Box#79 (Yes, nq. or unkown) (Ifyes give wer or deles of service) been signed by the Mrs. Bertha G. Comer Churchville Md. 21028 unknown attending physician. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **burial-transit DUE TO** Conditions, if any, which gava rise to immadiate cause (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$(e) | 19. WAS AUTOPSY 50 CERTIFICATION PERFORMED? use NO 🖵 for 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED, (Enler nature of injury in Pert I or Pert II of item 18.) After this OR CONTRIBUTING [] CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Month, Day, Yeer 20d. INJURY OCCURRED I 20f. (City or town) (State) ō fectory, street, office bldg., etc.) Not While DIRECTOR et work at work 21. I certify that (I) (this hospital) attended the deceased from f 19. 2 and that death occurred at CAM, from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22a. SIGNATURE ATTENDING TO FUNERAL director, page : be filed with th HOSPITAL death. Page 4 O FUNERAL DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. - HYSICIAN'S NAME (Type) S. Main St., Bel Air, Md. 21014 Gerald C. Palmer. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF (State) REMOVAL (Specify) Oct. 6, 1966 Oak Grove Baptist Ch. Cem. Fountain Green, Harf. Co., Md. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE W. Broadway Williams Melianter VR AIS (4) Bel Air, Maryland 21014 20M S-63 Joseph William Foster



	14227	CERTIFICATE	OF DEATH	147	227
	PLACE OF DEATH D. COUNTY		2 USUAL RESIDENCE (Where on STATE	deceased lived, if institution Resider  b. COUNTY / /	nce before odmission)
	Hartord	MARYLAND	MO	HA	ctord
1.0	o. CITY OR TOWN (It outside corporate limits, write RURAL and give pearest town)	c. LENGTH OF STAY IN 16	1/	orporote limits, write RURAL and giv	/e nearest fown)
7	AVE DE GRACE  NAME OPHOSPITAL OR INSTITUTION (IF not in	32 days	HAVE GE	Grace	e IS RESIDENCE
1	Actord Memoria	/ Hospital	319 S. Wash	ENOTON St.	ON A FARM? YES NO S
	NAME OF First	Middle	, Lost 4 D		Day Year
(	OFCEASED (Type or print) EHiel	Frances 6		EATH October	1 1966
5	-	THE TEXT IN THE TE	8. DATE OF BIRTH	9. AGE (In years FUNDER lost birthdoy) Months	Doys Hours Min
7	S AT DCCUPATION (Give kind of work done	TOP KIND OF BUSINESS OR	11 BIRTHPLACE (County & State		ITIZEN OF WHAT
rit	ng mestral working life, even if retired)	INDUSTRY	PENN.	E	OUNTRY? A.
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	DAMUEL G. DRUI	nn	Unna M	1, Du	NKTL
	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (if yes give wor or dates of ser		INFORMANT if Cola	82-150- WA	SHINGTON, STI
_			MOFLH, GRIN	ISLY HAYIPEDE	GRACEMO
1	18 CAUSE OF DEATH (Enter only one couse poper part I, DEATH WAS CAUSED BY.		1	The second secon	ONSET AND DEATH
1	154X IMMEDIATE CAUSE (o)_	agranulou	flores		
ı	Conditions, if any, which gove ) (b)	Metantes	To aden	a Ca, levais	
	rise to immediate couse (a), stating the underlying couse DUE TO		2		-
ı	lost. (c)	Primary	it rectum	7	
ŀ	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
THE CASE	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port 1	or Port II of Item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
ŀ	20c. TIME OF INJURY Month, Day, Year Hour o.m.		ICE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town) (Co	(Stote)
ŀ	21. I certify that (I) (this haspita		8-30 .196	6. to 10 -1 .1%	6 that (1) (we) last
1	saw the deceased alive an 10			M, fram causes and an i	
	220. SIGNATURE	· C. A ·	ATTENDING MED.	STAFF C	PATE SIGNED
١	22c. PHYSICIAN'S NAME (Type)	wer _	22d. ADDRESS	TOR L PHYS. L /	2000
	MAME (Type) / ENKY	H. KNOK	608 5.6	mign for	Kind of
Зо.	BURIAL, CREMATION, 23b. DATE THEREO	711 1 11:	1 . / /	dd LOCATION (City or Town)	(County) (State)
21	REMOVAL (Specify)  FUNERAL DIRECTOR  FUNERAL DIRECTOR	166 ANGELTIII	250. REC'D BY R	11011	
19	That was Alltatell of	LAVIRE DE GERACE 11	DATE OF T	1000 Milian	iles Judge
6	113031111 111111 25 111111111111 111	27 1 1 1 5 6 1 1 L 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C C I UAITII "	1 It II II . 5	- // //

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please Tempore corban papers. Pages 1 and 2/ TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) C 20 M 1/66



## FOR STATE

HEALTH

Examiner's Office along with form PM3. Page in pencil in Item 18. Give Pages 1, 2, and 3 ta File gages Land 2 with the State Department of de ay is and in any event within 72 haurs after death. This certificate should be executed within 24 hours after death. If necessary, please execute the certificate, writing the ward "pending" in the funeral director. Page 4 shauld be farwarded to the Chief Medica. 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit Health or its designated agent, priar to burial, crematian, ar remava. TO DEPUTY MEDICAL EXAMINER:

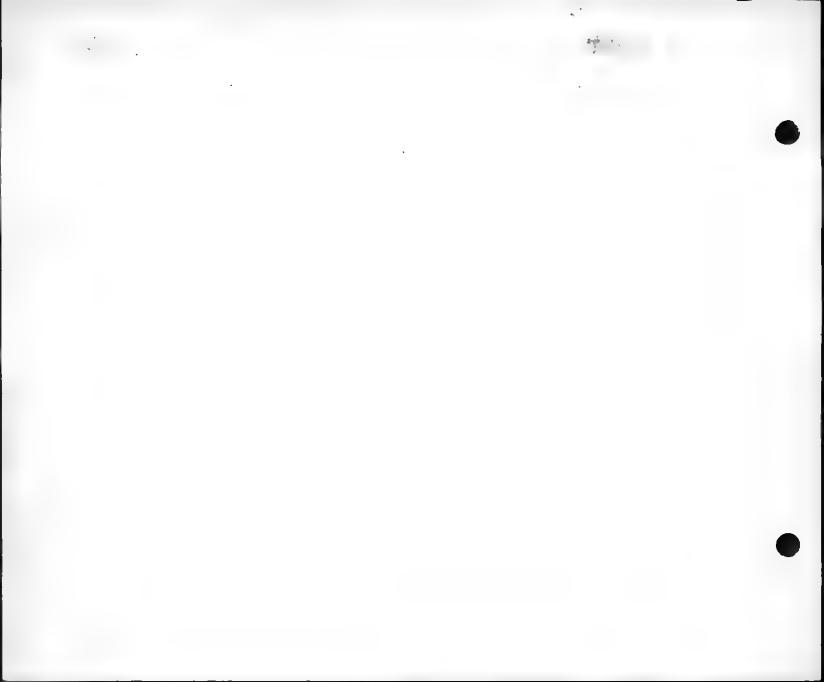
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND

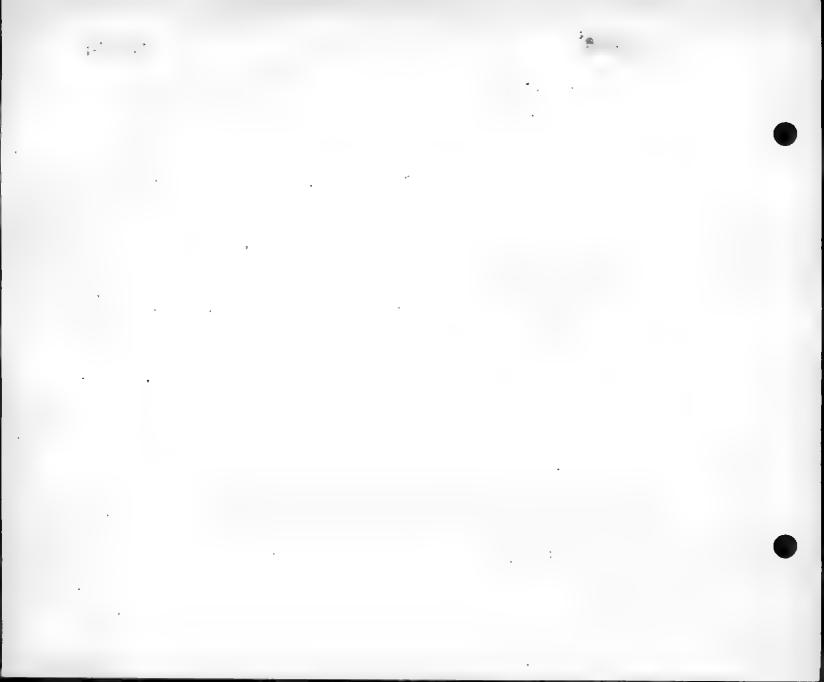
4228 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14228

	o. COUNTY	22fa=	d	28 a mill 4 4 175	2 USUAL o STATI		deceosed lived, fi	Institution Reside	ance before	: odmission) 4	)
	b CITY OR TOWN (	f outside carparate limits		MARYLAND C LENGTH OF STAY N 1b	c CITY OR		carparate mits, wi				
	write RURAL and	i g ve neorest town)				ston	to parare mirit, wi	t Kakat Old g	VE 176016 1	d d	
-	d NAME OF HOSPIT	AL OR INSTITUTION ( F not		s street address)	d STREET					IS PESIDE	NEE
D		1-to7-UM-		/	R.D.	1, Tox	224			ON A FAR	M?
3	NAME OF	Fre	st	Middle	Las		DATE	Manth	Doy	Year	
	OFCEASED (Type or print)	77	CE	MARIE	maCK.1		OF DEATH	ctober	20	19 50	5
S.	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARR ED	B DATE OF B		9 AGE (In ye	ars IFUNDE		IF UNDER 2	
	Fenale	White	WIDOWED D	D-VORCED	March	14, 1913	3   Sast bertho	oy) Months	Doys	Hours	Min
10c dur	ing most of working	I (G ve x nd of work done life, even if refired) Assembler		OF BUSINESS OR STRY		PLACE (Stote or for	re gn country) rth Carol	(	USA	WHAT	
13.	FATHER'S NAME					R'S MAIDEN NAME					
	Mahlon	C. Wagoner			Zol	lie Mathi	ilda Wils	on			
15	WAS DECEASED EVE	RINUS ARMED FORCES? (f yes give wor or dates of			INFORMANT			Address			Ed.
(1)	no no or	( Tyes give wor ar dates of	221	1-03-6124 Ja	ary Lew	is Webb,	_ox 22t	R.D. "]	L, Fa.	llsto	n,
	1B. CAUSE OF DE PART I. DEAT	EATH (Enter only one cous IH WAS CAUSED BY- IMMEDIATE CAUSE (	O)Arte	), (b), and (c)) 1/105 < 1 = 1~	otic (	VD	1265	5 e		RVAL BETWE ET AND DEA	
	Conditions, if ony,	which nows a	(b)						ĺ		
	rise to immediat	e couse (a),	,								
	stoting the under	riving couse	(c)								
١	PART II OTHER SIG		` '	DEATH BUT NOT RELATED TO	THE TERMINAL	DISEASE CONDITO	N G VEN IN PART I	(n)	19 1	WAS AUTOPS	SY Y2
CATION		-								PERFORMED S NO	
L CERTIFICATION	200 EXTERNAL CA PRIMARY ☐ or COI CAUSE OF DEATH		20b DESCE	RIBE HOW INJURY OCCURRE	) (Enter noture	of injury in Port I	or Port L of Item 1	Вј			
MEDICAL	20c. ТМЕ ОБ INJU Hour o.n р п	10	20d INJ While of work		LACE OF INJURY octory, street, off		20f (City or to	vn) (C	ουπτγ)	(Sto	ote)
	21. I certify	y that I toak charge	of the rema	ins described obove, l	neld an Auta	ipsy, Ins	spectian 🗷,	Inquiry .	ond	in my op	inion
	death result	ed fram: Natural	l couses 🔼,	Accident [ ], Su	ucide 🔲,	Hamicide 🔲	Undetermin	ed manner			
	ACTUAL D	11 06	> 1		CH	IIEF MEDICAL EXAM	INER 🔲 🍃	ODA	- n	H.	
	SIGNATURE	energy (	am		197. 50-	SISTANT MEDICAL E			7 22	2. DATE SIG	GNED
	EXAMINER'S NAME (Type)	Gerald C. Pa	almer,	M.D.		PUTY MEDICAL EXA Idress (Street, city		10-	21.	-66	
230	BURIAL, CREMATIO		REOF	23c NAME OF CEMETERY O		2	3d. LOCATION (City		(County)	(Stot	e)
	REMOVAL (Specify)	Oct. 24	1966	Oxford Ceme	tery		Oxfor	rd.		P	a.
1	FUNERAL DIRECTO	R		ADDRESS		2So. REC'D BY R		Sb REGISTRAR'S			
	.loward K.	· _'cComas	Son, Al	ningdon, 12.		DATE OCT	24 1986	ycus	rees	Judge	_

VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1:229 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. by the funeral death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institut an Residence before admission) a. COUNTY b. COUNTY lease remave carban papers. Pages I and in any event, within 72 hours after MARYLAND ARFORD b) CITY DR TDWN (If autside corpdrate limits, c LENGTH OF STAY IN 16 CITY DR TOWN ( outside carporate limits, write RURAL and give nearest town) write RURAL and give nearest reot DAVS e IS RESIDENCE ON A FARM? d. STREET ADDRESS campletely filled in NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  $R, \mathcal{D}$ YES NO X 3. NAME OF Middle 4 DATE Month Last Day Year DECEASED (Type or print) uq DEATH S. SEX 6 COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS 7 MARRIED last birthdoy) Months Doys Hours X WIDD WED DIVORCED gua IDE KIND OF BUSINESS OR IDo USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHA during most of working life, even if retired) kian d INDUSTRY HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nee ph ISKOOM burial, crematian, ar re**me**v UCENE OULE 840 NADOTAN ST. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, notor unknown) (If yes give wor or dotes af service BALTIMORE, signed by the a INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for to CHISET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to 'mmediate cause (a), DUE TO stating the underlying cause **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health prior ta last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS PERFORMED? CERTIFICATION NO 2Do ACCIDENT WAS UNDERLYING [] 205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL-EXAMINER) MEDICAL 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Hame, form, 2Dc. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour a.m factory, street, office bldg., etc.) Not While ot work at work 21. I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an and that death accurred at on the date stated-above. M, fram causes and 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING DIRECTOR M.D. PHYS. 22d 22c. PHYSICIANS NAME (Type) 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) DATE THEREOF (County) (State) REMOVAL (Specify) URIA ADDRESS 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

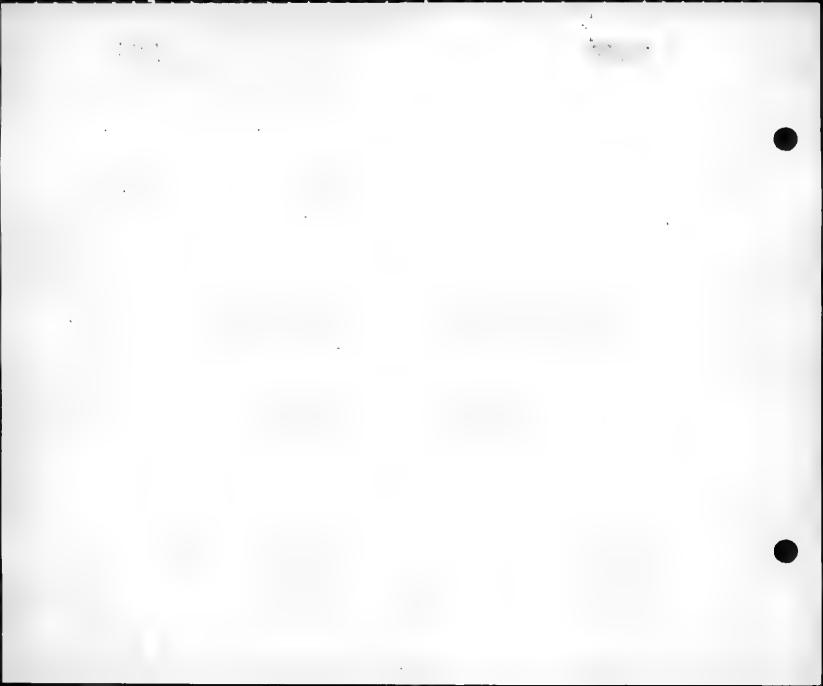


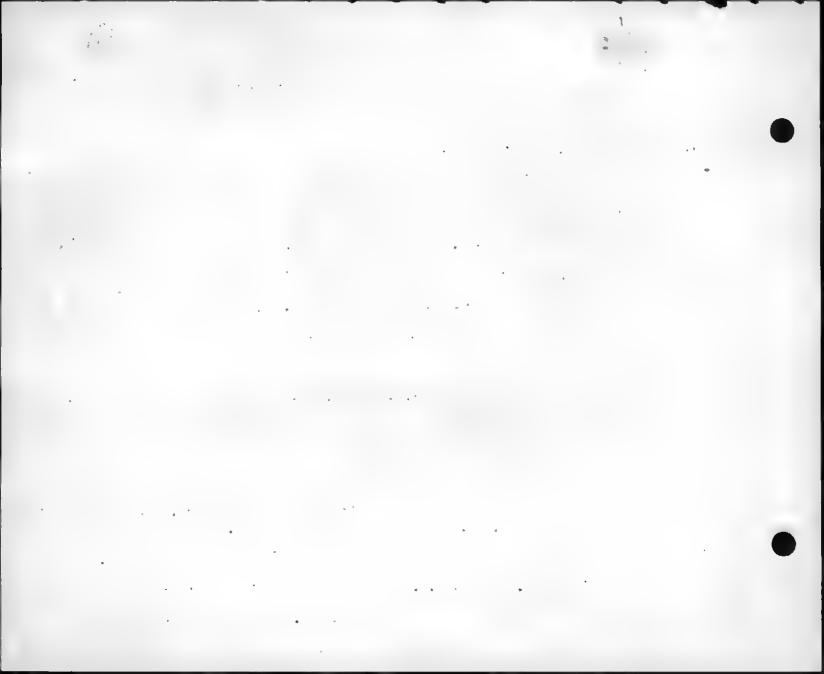
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

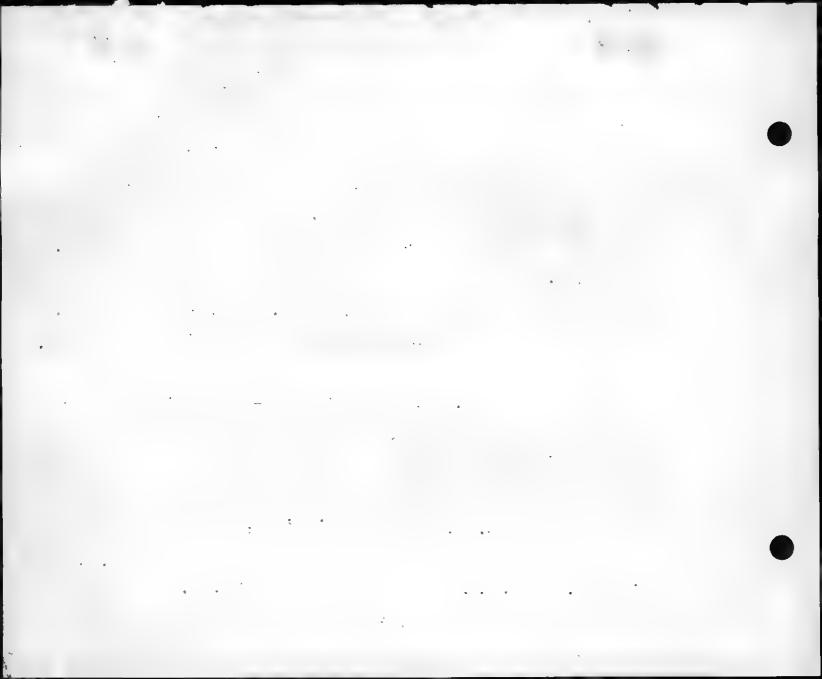
Ttems #8 & 9 Filt 10382 10726765 Dec 1423() funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) deat a. COLINTY o. STATE **b** COUNTY be executed within 24 haurs after MARYLAND ve carban papers. Pages, event, within 72 hours afte Pages the b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town ģ Ξ. d NAME OF HOSPITAL OR INSTITUTION give street oddeess d. STREFT ADDRES IS RESIDENCE ON A FARM? If not in hospital, campletely filled YES NO NAME OF Middle Lost 4 DATE Doy Year DECEASED OF (Type or print) DEATH 19 SEX 9. AGE (In years IF JADER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH гетпауе gost birthdoy) Months Doys Hours burial, crematian, ar remaval, and in any WIDOWED DIVORCED and 10d. US\_AL OCCIPATION (Give kind of work done during most of work atglie, even if retired) 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) ig physician a Then please CQUNTRY? luce 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending | 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT ATTENDING PHYSICIAN: The law requires that the Leath (Yes, no, or unknown) (If yes give wor or dates of service) permit CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN signed by the c bunal-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. 4201 DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse be detached far use as the State Dept. of Health priar ta has been lost. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO. TO FUNERAL DIRECTOR: After this certificate 20c. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour om. factory, street, office bldg., etc.) While Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased from OCF2 1965 to 001 19 < <. that (I) (we) lost directar, page 3 shauld shauld be filed with the 19 CC, and that death accurred at 1200M, fram causes and an the date stated above. saw the deceased alive an 25-220 SIGNATURE 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS 22t. PHYSICIAN'S 22d ADDRESS Page 4 may NAME (Type) 230. BURIA CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF EDICATION (City or Lewn) (Stote) REMOVAL (Specify) FUNERAL DIRECTOR **ADDRESS** 2So. RECID

DATE

VR A15 (4) 20 M 1/66

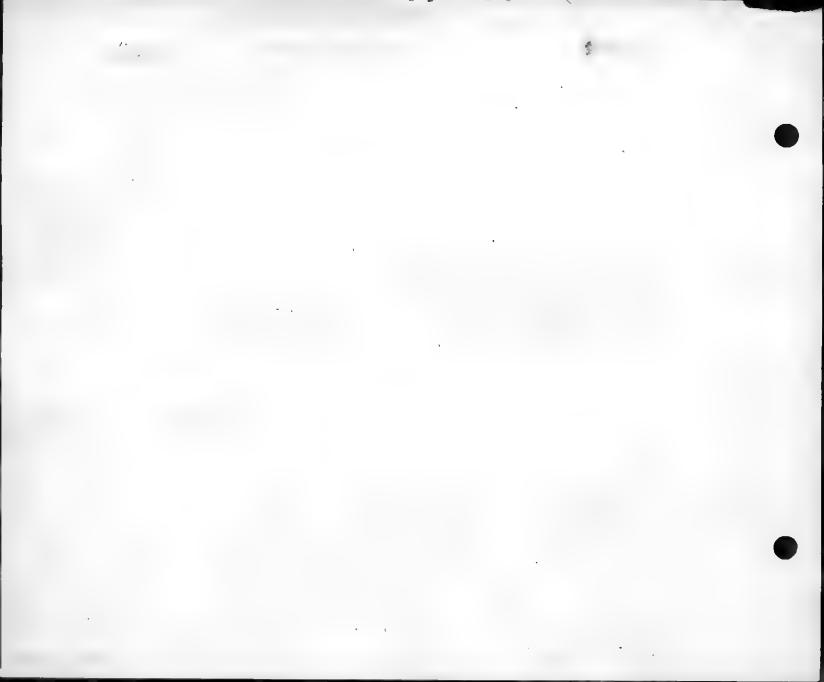






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13. FATHER'S NAME INDUSTRY ome burial, cremotion, or removol, ottending phys WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, not aronkpown) (If yes give war or dotes of service) signed by the o CAUSE OF DEATH (Enter only one couse per line for (d), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. 1-221 DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying cause director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to hos been last. WAS AUTOPS' PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION. PERFORMED? NO this certificote 20g ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter pature of miury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Hour o.m factory, street, office bidg., etc.) Not-While ot work O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased and that death occurred at 125 M, fram causes and an the date stated above. 19 saw the deceased alive on, 22a SIGNATURE 22b. DATE SLENED M.D. PHYS DIRECTOR PHYS 22d. PHYSICIAN'S ADDRES NAME (Type) 23c. NAME OF CEMETERY BURIAL, CREMATION DATE THEREOF OR CREMATORY LOCATION (City/or/Town) ((ounty) (State) REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



2 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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executed and com remove c	5. SEX   6. COLOR OR RICE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months   Days   Hours   Min.
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HY tillis De	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)    Bour a.m.   While   Not While   factory, street, office bldg., etc.)
ING I by Affer be Stat	
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LD (17) 25-	22a. SIGNATURE 22b. OATE SIGNEO
TAL O may the MAL III	22c. PAIVSICIAN'S
O HOSPITAL OR Page 4 may be a T Fluerat Im director, page should be filed	( NAME (Type) Yemmi ) Stewartstown, (Pa
TO H Page TI FI Give	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Control of the contro	24. FUNERAL DIRECTOR  APORESS  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  OCT 1 1 1966  Microsoft
VR AI5 (4)	CHARLES. E. KURTZ MARRETTSVILLE, MD. DARCT 11 1966 followles Judge



301 W. PRESTON STREET, BALTIMORE I, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town) write RURAL and give nearest Jown) d. NAME OF HOSPITAL OR INSTITUTION (if not in haspite), give greet eddress . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO NAME OF DATE Last Yeer DECEASED OF (Type or print) DEATH 19 🗸 Octob AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED [ DIVORCED 💢 10a. USUAL OCCUPATION IGIVE kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME attending Δ, ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, np. or unknwn) | (If yes give wer or dates of service) 18. CAUSE OF DEATH Enter only one cause per line for (a). (b). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) **DUE TO** Conditions, if env. which (b) gave rise to immediate cause DUE TO (e), stelling the underlying cause lest. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 20e. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 1 20f. (City or fown) (County) fectory, street, office bldg., etc.) Not While Hour e.m. et work at work 1996, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from....... 19.66, and that death occurred al M, from the causes and on the date stated above. saw the deceased alive on. 226. DATE STAFF SIGNED ATTENDING PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S death. Page O FUNERA NAME\_(Type) director, be filed (State) 23d. LQCAJION (City, town or county) 23a, BURIAL, CREMATION, 23b. REMOKAL Ó 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTORIG SIGNATURE VR A15 (4) 15M 7-62

AND STATE DEPARTMENT OF HEALTH



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<b>ORE</b> pe n <b>ORE</b> ed w			22a. SIGNATURE	Lores MD.		DING ME DIR ADDRESS	D. STAFF ECTOR PHYS.		11-66
FO HOSFITAL Page 4 may O FUNERAL director, pag	1	220	NAME (Type) Fred O. Hodous,	M. D. 23c. NAME OF CEMETERY OR CR	E	dgewood,	Maryland 23d. LOCATION (City or	Taura V	County) (Stote)
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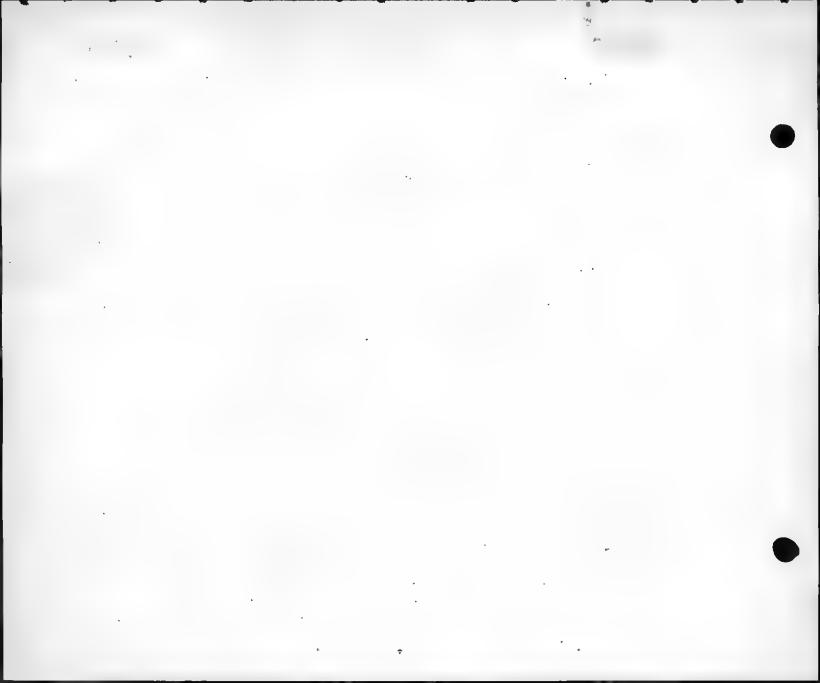
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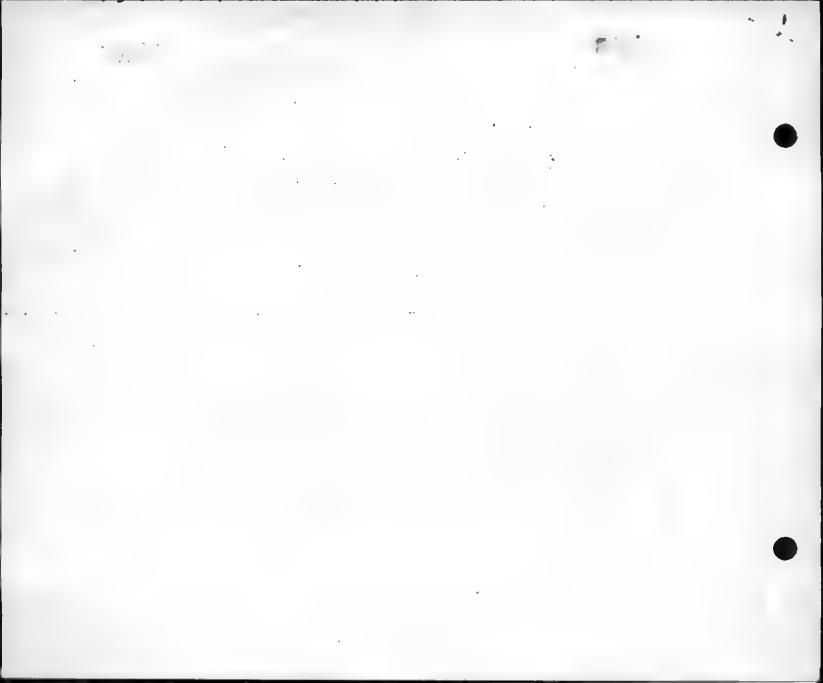
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 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 .. 238 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission o COUNTY b COUNTY ompletely filled in by the furve carbon popers. Pages 1 event, within 72 hours ofter MARYLAND exacuted within 24 hours after CITY OR TOWN (If gutside corporate limits C. LENGTH OF STAY IN 1b corporate limits, write RURA, and give nearest fawn) write RURAL and alv give street address ON A FARM? YES NO X NAME OF First 4 DATE Manth completely DECEASED (Type or print) DEATH COLOR OR RACE 9 AGE (in years IF JNDER I YEAR IF JNDER 24 HRS 7 MARRIED **NEVER MARRIED** DATE OF BIRTH remove Jost birthday) Months Davs Hours 1890 and in ony WIDOWFD DIVORCED June ond 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
HOUSEWII e COUNTRY? INDUSTRY requires that the leoth certificate Home13. FATHER'S NAME 14. MOTHER'S MAIDEN WAME attending phy signed by the attending physical buriol-tronsit permit. Then physical burial, cremation, or removol, 15. WAS DECEASED EVER IN U.S. ARMED FORCE S? INFORMANT (Yes, no, or unknown) (If yes a ve war or dates of service) Virginia E. Herbort, Morristown, N.J. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY CARDIAC DECOMPENSATION IMMEDIATE CAUSE (a) by the hompital or attending physicion. DUE TO Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause stoched for use os the Dept. of Health prior to 1040215 hos been kast. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GOVERN IN PART 1(a) NO X TO FUNERAL DIRECTOR: After this certificate 10 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Nat While Stote at wark at wark þę 1966 to 10/26 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from director, page 3 should should be filed with the be retoined saw the deceased olive on 10.26 1966 and that death accurred at \_\_\_\_\_M, from causes and on the date stated above. 22n. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 10-27-66 M.D. PHYS 22d ADDRESS 22c. PHYSICIAN'S Page 4 moy NAME (Type) Gunther D. Hirsch, M.D. Havre de Grace. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23g. BURIA, CREMATION 23d LOCATION (City or Town) (County) (Stote) Aberdeen, Grove Cemetery Maryland 10-29-66 Tarring Fareral Home FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Miarley & Aberdeen, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if anstitution. Residence before admission o. COUNTY n. STATE b. COUNTY MARYLAND CITY DR IDWN (If outside corporate Imits, c. LENGTH DE STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAMOND gave neorest jown IS RESIDENCE ON A FARM? (If not in hospital, give street address) d. STREET ADDRESS YES 🗍 NO X NAME OF Middle 4 DATE Month DECEASED OF Type or print DEATH AGE (In years E UNDER IF UNDER 24 HRS DATE OF BIRTH 6. CDLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthday) Months Dovs Hours WIDOWED DIVORCED 10o USUA, OCCLPATION (Give kind of work done KIND OF BUSINESS OR 10b during most of working like even if settred) 13. FATHER S NAME omi MOTHER'S MAIDEN WAS DECEASED EVER IN U.S ARMED FORCES? Address (lf year give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for INTERVAL BETWEEN PART 1 DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO X YES : 20o ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

last.

Hour o.m.

20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While

DATE THEREOF

23b

20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)

PHYS

(City or town)

19 6. ta\_

(County)

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(Stote)

21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive on\_ 220 SIGNATURE

19 66 and that death occurred at 25 PM, from causes and an the date stated above. M.D.

NAME OF CEMETERY OR CREMATORY

Not While

of work

DIRECTOR

STAFF PHYS

22b DATE SIGNED

10 - 22, 1966, that (1) (we) lost

22c. PHYSICIAN'S NAME (Type)

230 BURIAL CREMATION

of work

22d. **ADDRESS** 

LOCATION (City or Town)

Page 4 may be retained by the haspital or attending physician. director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health prior ta TO FUNERAL DIRECTOR: After

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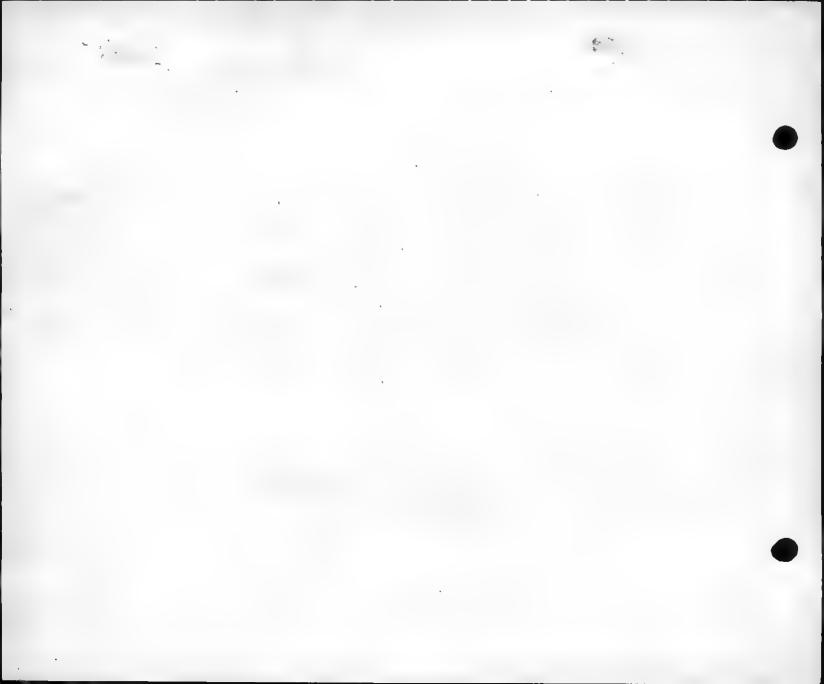
The law requires that the death certificate be executed within 24 haurs after

REMOVAL (Specify) 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

REC'D BY

966

25b. REGISTRAR'S SIGNATURI

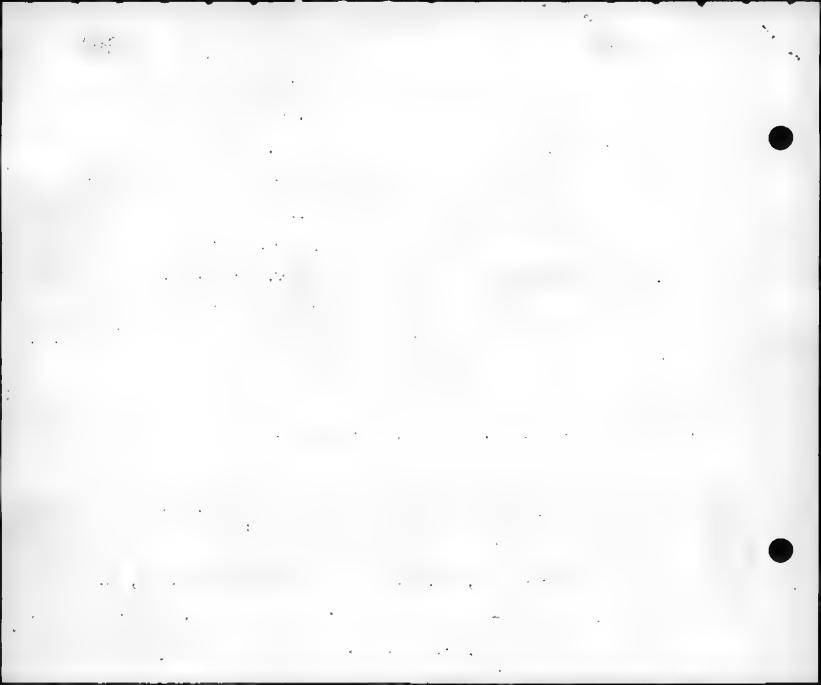


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the argending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapt.

VR A15 (4) 2DM 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11.2 USUAL RESIDENCE (Where deceased lived, 15 Institution; Residence before a

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1. PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: R	esidence before admission)
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b. CITY DR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Aberdeen Proving Ground   1 Day	Havre De Grace	1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		e. IS RESIDENCE
Winds Assess Washing	207 G Weden Acce	DN A FARM?
Kirk Army Hospital  3. NAME OF First Middle	327 S. Union Ave	YES ND X
DECEASED	Last 4. DATE Month OF	
(Type or print) Terri Lane  5. SEX   6. CDLOR OR RACE   7 MARRIED   NEVER MARR	MILLER DEATH Oct 8. DATE OF BIRTH 9. AGE (In years   IFUNDER	24 19 66
7. MARKIED MEYER MARKIED [26]	last birthday) Months	Days Hours Min.
F White WIDOWED DIVORCED	23 Oct 66 - yrs.	1
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND DF BUSINESS OR INDUSTRY		TIZEN OF WHAT UNTRY?
N/A N/A		USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Norman Lane MILLER	WALKER, Sarah Francis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. (Yes, no, or unknown) (If yes give war er dates of service)	INFORMANT Address	
N/A N/A	Father (Same as abov	e)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia		2 hours
DUE TO		
Conditions, If any, which ) (b) Aspiration		
gave rise to Immediate		
Course lay, stating the		
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
A C3 - 64 34 - and a laber To be made and a laber		PERFORMED?
Cleft lip and palate. Fetomaternal tra	USIUSION, CAPONIC URRED. (Enter nature of injury in Part I or Part II of Item 18.	
B DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ORRED. (Eliter liberio or injuly in Face to or case of or team 20.	,
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ory, street, office bldg., etc.)	
	23 Oct 19 66 to24 Oct 1966	that (I) (we) last
	at death occurred at 6: 10M, from the causes and on the	ne date stated above.
22a. SYGNATURE		ATE SIGNED
1 Le Causes Sell & M.	D. ATTENDING MED. STAFF DIRECTOR PHYS.	1814-66
(22¢, PRYSICIAN'S	22d. ADDRESS	
NAME (Type) LEIAND WIGHT, CPT., MC	Kirk Army Hospital, APG, Md.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER	Y OR CREMATORY   23d. LOCATION (City, town or col	inty) (State)
Burlal 10-26-66 Post Cemet		
24. FUNERAL DIRECTOR Tarring FUNERAL H		S SIGNATURE VICE
Atom L. Journa Aberdeen. Md.		les Judge
A TITLE A CONTROL ADDITION INC.	I DATE OF THE TOTAL	1 1

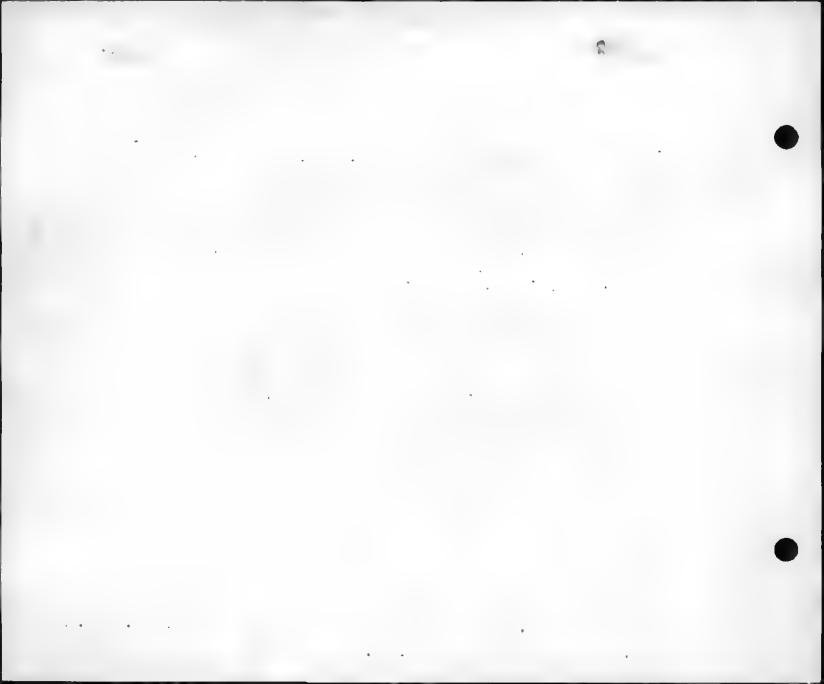


1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
= 5002)	CERTIFICATE OF DEATH 14241
the fur	PLACE DF DEATH a. COUNTY HARTOR  b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  Aberdeen Proving Ground  1 Day  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission b. CDUNTY MARYLAND  MARYLAND  c. LENGTH OF STAY IN 1b  DETITION (if outside corporate limits, write RURAL and give nearest town)  Aberdeen Proving Ground  Aberdeen Proving Ground  A Day
0 0 2	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  BOX 275  e. IS RESIDENCE ON A FARM?
within 2 pletely fi arbon pa it, within	Kirk Army Hospital, APG, Md.   C/O/General Delayery   YES   NO X   NAME DF   First   Middle Last   4. DATE   Month Day Year
	OCCOLOR OR RACE 7. MARRIED NEVER MARRIED NEV
any	M Cau WIDOWED OIYORGED 16 Oct 66 O yrs.  Da. USUAL DCCUPATION (Give kind of work done   10b, KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or fereign country)   12. CITIZEN OF WHAT
hysic pleas al, an	INDUSTRY  N/A  Harford County, Md.  US  13. FATHER'S NAME  14. MDTHER'S MAIDEN NAME
The	Larry A. MOORE  15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes pive war or dates of service) NO - N/A Father Same as 2 c & d
nas usen signed by the at as the burial-transit pern prior to burial, cramation,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).  OUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)  INTERVAL BETWEEN ONSET AND DEATH 12 hours  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)  19. WAS AUTOPSY PERFORMEO? YES V NO
	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, left) (County) (State) Hour a.m. While Not While at work a
	21. I certify that (I) (this hospital) attended the deceased from October 16, 1966, to October 1619 66, that (I) (we) last saw the deceased alive on October 16 1966, and that death occurred at 7:05M, from the causes and on the date stated above.  22a. SIGNADURE  22a. SIGNADURE  M.O. ATTENDING MEO. STAFF PHYS.   17 October 66
alli ad himnils	ATTENOING MEO. STAFF   17 October 66  22c. Physician's NAME (Type) LEIAND WIGHT, CPT., MC Kirk Army Hospital, APG, Md.
2	3a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS OF CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 10-19-66 Longmont, Colorado
	Tarring Fuller al Home 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE OCT 20 1956 Plante Judge

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25/4

STATE OF THE PARTY	a Hist	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
e ~(1)	VI)	CERTIFICATE OF DEATH 1424:
er death funeral i 1 and fer death		PLACE OF DEATH O. COUNTY  HARFORD  2. USUAL RESIDENCE (Where deceased lived, if Institution Residence before admission) b COUNTY  TORFORD  MARYLAND
by the Pages Pours aft		b, CITY OR TOWN (If butside carparate limits, write RURAL and give nearest town)  write RURAL and give nearest town)  RURAL and give nearest town)
hin 24 ho filled in papers. thin 72 ha		d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)   d STREET ADDRESS   BOX 686.   e IS RESIDENCE ON A FARM?  TITR FORM MEMORIAL TOSPITAL STARTS BOX 686.   VES   NO
equires that the double control of the double of the double physician signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages 1 and 2 burial, crematian, or removal, and in any event, within 72 hours after depression.		NAME OF DECEASED (Type of pinnt) (Laren NCC CLABOR) Model More of DEATH 10 9 19 CL
execute d camp mave c		SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years last birthday) Months Days Haurs Min DIVORCED JULY 6, 1891 75 YES
ate be ex cian and ease rem		To USLAL OCCUPATION (Give kind of work dame ring most of working intervent)  10b KIND OF BUSINESS OR II. SIRTHPLACE (County & State or fareign country)  11. SIRTHPLACE (County & State or fareign country)  12 CITIZEN OF WHAT COUNTRY?
enticate be a physician of Then please moval, and ii		Barnabas albert Morey Laura Shizhett
death intendin ermit n, or re		was deceased ever in u.s. armed Forces?  16. Social Security no 17. INFORMANT  es, no, ar unknown) (If yes give war ar dates of service)  215-05-9292 6Thel. H. Moreth. 5671169501676
ATTENBING PHYSICIAN: The law requires that the duath eterained by the haspital ar attending physician CTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit This with the State Dept. of Health prior to burial, crematian, or remain		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  INTERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH
quires ( physicia signed I surial-tr		Conditions, if ony, which gove rise to a mmediate cause (a)  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO
N: The law requires the ar attending physician are has been signed by r use as the burial-tra ealth prior to burial, cre		lost (c)
N: The ar aft ate has ir use	, )	PERFORMED? YES NO EX
YSICIA naspital certific thed fo		20c. ACCIDENT WAS UNDERCYING  OR CONTRIBUTING  OR CONTRIBUTING  CONTRIBU
TO HOSPITAL OR ATTENBING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior tail		Hour a m. p.m. 19 While of wark of wark factory, street, office bldg, etc.)
TTENIII ained b IOR: Af nauld b		21. I certify that (i) (this hospital) attended the deceased from 9-15-19(16 to 10-4, 1966, that (i) (we) las saw the deceased alive on 10-719(16, and that death occurred of 576 FM, from causes and on the date stated above 220 SIGNATURE
L OR A be ret birded birded		M.D. ATTENDING MED STAFF  22c PHYSICIANS  22d ADDRESS  22d ADDRESS
SPITA 4 may NERAL :tar, po	/	NAME (Type)  G. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
TO HO Page To FU direc	2	Burla Decitive Co. Md.  4 FUNERAL DIRECTOR  ADDRESS  250 REC'D BY REGISTRAR CO256. REGISTRAR SIGNATURE CO.
VR A15 (4)	2	J. F. Eline & Sons Reisterstown, Md.

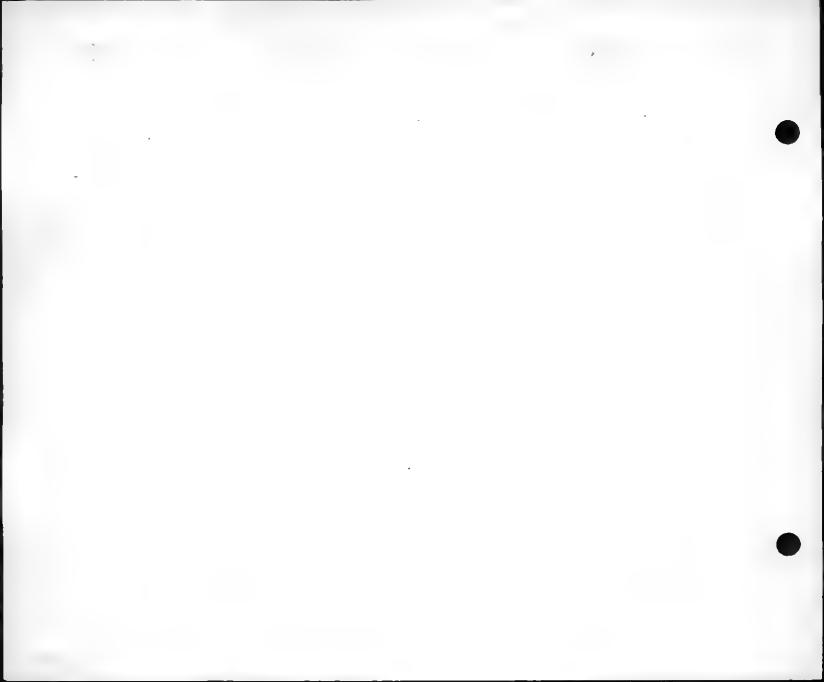


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE USUAL RESIDENCE (Where deceased lived, if institution likes dende before admission) PLACE OF DEATH o COUNTY Page delay is Harford MARYLAND Department dea' h CTY OR TOWN (f outside corporate limits, CLENGTH OF STAY N 16 tside corporate im is write RURAL and give nearest lown) and write RURAL and give nearest town) D.DAI Havre de Grace d NAME OF HOSPITA, OR INSTITUTION (if not in haspital give street address) B IS RESIDENCE ON A FARM? ADDREST haurs Give Pages 1, aiang with farm State [ Harford Memorial Hospital This certificate should be executed within 24 haurs after death 3 NAME OF M+ddle DATE Month DECEASED the OF DEATH = (Type or pant) October w.th.1 S SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7 MARRIED MARR ED 3 lost bighdoy) Days W DOWED D VORCED Office event and 2 10a USUAL OCCUPATION (Give kind of work done 06 KIND OF BUSINESS OR 2 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY rd "pending" in penal in Chief Medical Examiner's 3 FATHERS NAME 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN .. S. ARMED FORCES? 6 SOCIAL SECURITY NO (Yes, no, or unknown) (fixes a ve wor or dates of service removal, -40-6170 B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 5 MMEDIATE CAUSE (o) writing the ward crematian, DUE TO 4 shauld be farwarded to the Conditions, if any, which gove rise to immediate couse (a) DUE TO stoting the underlying couse Б lost burial, ( nsed PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 0 NO T 200 EXTERNAL CAUSE WAS PRIMARY LAGO CONTRIBUTING prigr 20b DESCRIBE HOW MUJRY OCCURRED (Enter nature of injury in Part Lior Port Liof Item 8) 3 shauld TAL EXAMINER: CAUSE OF DEATH Auto Accident O FUNERAL DIRECTOR: ruge - Health ar its designated agent, 20d IN...RY OCCURRED T ME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, farm (City or town) (Stote) roctory, street office bldg , etc.)
Route 222 Haur a m Not While 3:30 19 66 of work ... at work 21 I certify that I tack charge of the remains described above, held an Autopsy [ Inspection X and in my apinian the funeral director death resulted fram Accident 1 Suicide Homicide Undetermined manner may be retained FUNERAL DIRECTOR CHIEF MEDICAL EXAMINER Md 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER R **EXAMINER'S** Gerald C. Palmer, M.D NAME (Type) Address (Street, city, town, or county) 23d\_LOCATION (City or Town) (County) 24 FUNERAL DIRECTOR REGISTRAR S SIGNATURE 2Sb VR A15ME (5)

6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY o STATE b COUNTY Page Jo. death. U MARYLAND delay Deportment b. CITY OR TOWN (if outside corporate limits, c TENGTH OF STAY N Ib c CITY OR TOWN (If outside corporate limits, write RURAL and give peerest town puo P.M.3 write RURAL and give nearest town) hours after 7 e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (f not n hospital, give street address) d STREET ADDRESS form in Hem 18 Give Poges 1, Stote 1 220-6 YES NO Z be executed within 24 hours after death Office along with NAME OF £ rst Middle Last DATE Month Dov DECEASED the. OF within 7 (Type or print) 6/78 DEATH with t S SEX 6 COLOR OR RACE AGE IF UNDER 1 YEAR' F JNDER 24 HRS MARRIED 8 DATE OF BIRTH lost b rthdoy) Months Davs Hours WIDOWED event and 2 100. USUAL OCCUPATION (G ve kinder work done 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working te, even if retired) COUNTRY mechanic forwarded to the Chief Medical Examiner's pencil 13. FATHER S NAME 14 MOTHER'S MAIDEN and .⊆ WAS DECEASED EVER IN U.S. ARMED FORCES? Address 42 6 16 SOCIAL INFORMAN permit. removal, es, no, ar unknown) (If yes give wor or dotes of service) "pending" CAUSE OF DEATH (Enter only one couse per . ne for NTERVAL BETWEE! **buriol-tronsit** PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Ы IMMED ATE CAUSE This certificate should the certificate, writing the word cremotion, **DUE TO** Canditions, if any, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse 0 0.5 burial, nseq PART .I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO 0 4 should be prior 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port I of term .8) phoole PRIMARY OF CONTRIBUTING CAUSE OF DEATH EXAMINER: MEDICAL its designoted ogent, NURY OCCURRED 20e PLACE OF INJURY (Home, farm, TIME OF INJURY Month, Day 20d 201 (City or town) (Stote) Not While Wh le factory, street, office bldg etc.) may be retained for your FUNERAL DIRECTOR: Poge pleose execute the funeral director. Page ot work I certify that I took charge of the remains described above, held an Autopsy Inspection < and in my opinion deoth resulted from: Notural couses Accident X Suicide [ Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY Health or i DEPUTY MEDICAL EXAMINER V NAME (Type) Address (Street, city, town, or county) 23o. BURIAL CREMATION DATE THEREOF LOCAT ON (City or Tawn) (County) (Stote) 24 FUNERAL DIRECTOR **REG STRAR** REGISTRAR'S SIGNATURE 2So 25b VR A15ME (5) 1986 6M 1/66

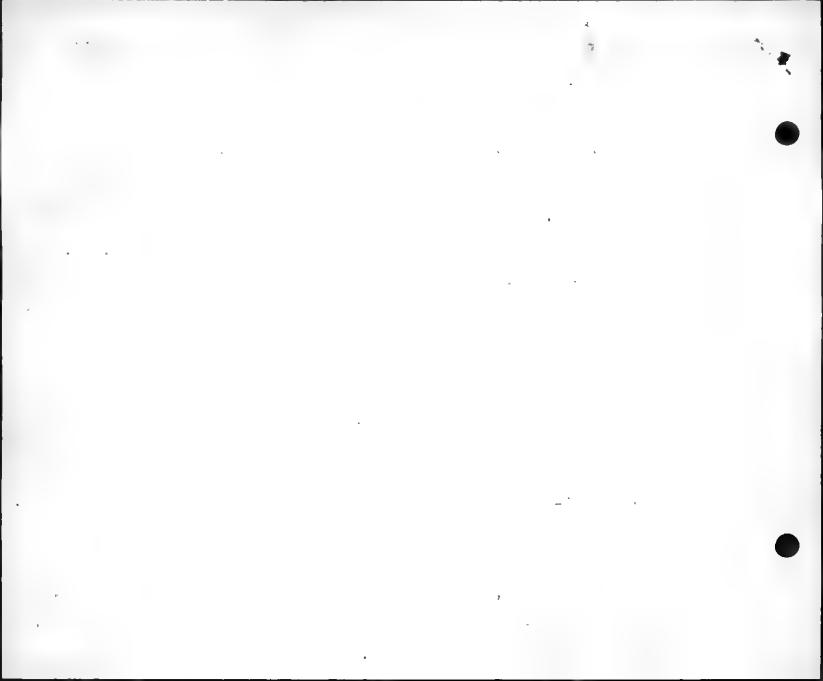


MARYLAND STATE DEPARTMENT OF HEALTH A CTATICTICAL DECEADOU AND DECODOS 201 W DECTON STREET DAITIMODE MADVIAND 21201

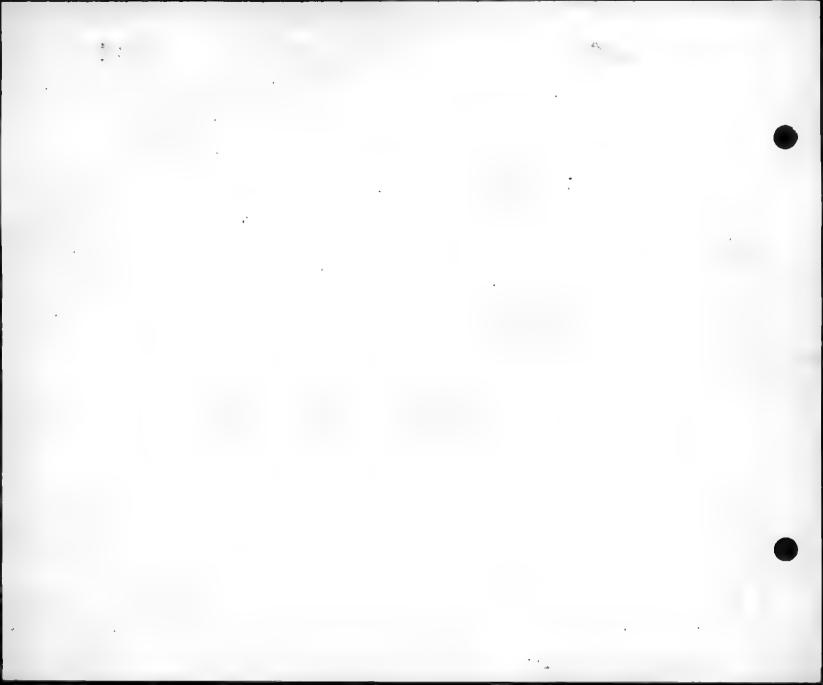
T / /		DIVISION OF STATISFICAL RESEARCH AND RECORDS, S	OF W. PRESTON SIREET, DALITMORE, MARTLAND 212	21
FOR STATE		T € 2 € \$ MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 142	44
REALTH DEPT.		ACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, finishtation: Residence	
delay is and 3 ta A3 Page tment of sr death.		COUNTY Harford MARYLAND	o STATE Maryland b COUNTY H	arford
Pa Pa Pa	ŀ	CITY OR TOWN LIF outside corporate limits I CIENCEH OF STAY IN IN	c CITY OR TOWN (If autside carparote limits, write RURAL and give	nearest tawn)
del and A3 the tr		write RURAL and give nearest town) Aberdeen	Aberdeen	
t Jry delay is 1, 2, and 3 ta m PM3 Page Department of is after death.	_	NAME OF HOSPITAL OR INSTITUTION (if not in hasp to, give street address)	d STREET ADDRESS	e S RESIDENCE
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any any	13	ATHER'S NAME	14. MOTHER 5 MAIDEN NAME	J.B.
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	15		INFORMANT Address	
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is certificate ships, writing the recovariated to the torwarded to the used as a burial, cremain	8	AKT II OTHER SIGNIFICANT COMPILIONS CONTRIBUTING TO DEATH BUT NOT RECEIVED TO	THE TERM NAT DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED?
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E 70 - E . E	CERTIFICATION	200 EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING CAUSE OF DESCRIBE HOW INJURY OCCURRED CAUSE OF DEATH	(Enter nature of injury in Part I or Part II of tem B)	
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AM e the our	MEDICAL		dory, street, office bldg., etc.) Home Aberdeen Harf	
LED Cecuri Pag far )		21 I certify that I taak charge of the remains described above, I	ield an Autopsy 🔲, Inspection 🔀 , Inquiry 🛣 ,	and in my apinion
MEDICAL EX vlease execut director. Pagi etained for y DIRECTOR: Po s designated		death resulted fram. Natural causes , Accident , Su	icide . Hamicide . Undetermined manner .	
EDT alse rech rech line line REC		N		- GE BATE SIGNED
UTY MEDICA ITY, please e eral director be retained RAL DIRECTOR ar its design		ACTUAL SIGNATURE Level Colmer	M.D. ASSISTANT MEDICAL EXAMINER . / / / /	42. BATE SIGNED
JTY Properties of the part of	Ш	EXAMINER'S	DEPUTY MEDICAL EXAMINER	
O DEPUTY MEDICA necessory, please ex the funeral director. 5 may be retained o FUNERAL DIRECTO Health ar its design		NAME (Type) Gerald C. Palmer, M.D.	Address (Street, city, town, or county) Bel Air	
o D D I The Heal	230	BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OF		
5 = = 0 = 5		REMOVAL(Specify) 10-24-66 Mt Erin C	emetery Havre de Grace	, Md.
to	34	Tuneral Director / Tarring Function H	OTHE 250 RECD BY REGISTRAR 256. REG-STRAR'S SI	GNATURE
VR A15ME (5) 1 × 6M 1/66	10	totalla Couded Ar. Aberdeen, Md.	DATE OCT 24 1966 golian	les Judge

VR A15ME (5)

DATE OCT 24 1966 Scharles Judge



- (Z)			_2246		CERTIFI	CATE OF	DEATH		14245	
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xecute comp nove o		S. S	N	, , )	MARRIED NEVER MARRIED  VIDOWED DIVORCED	<u> </u>	0 - 4 - ( (	9 AGE (In years last birthday) yrs	Manths Day	
• The law requires that the death certificate be executed within 24 hours after or attending physician. Fig. 1. The completely filled in by the function of the following physician completely filled in by the function burial-transit permit. Then please femore carbon papers. Pages 1 of the burial, cremotion, or removal, and in any event, within 72 hours after the prior to burial, cremotion, or removal, and in any event, within 72 hours after the prior to burial.		10o duni	USUAL OCCUPATION og most of working li	(Give kind at work dane te, even if retired)	106 KIND OF BUSINESS OR INDUSTRY	11.8	SIRTHPLACE (County &	or foreign country)	12 CITIZEN COUNTR	
it the death certifical the attending physic sit permit. Then ple nation, ar removal, a		13,	FATHER'S NAME		1 1	14.	OTHER'S MAIDEN NA		1660	1500
ing programme		15	WAS DECEASED EVER	IN U.S ARMED FORCES?	16 SOCIAL SECURITY NO.	17. INFORM	- I ma	a lean Add	LCU d.L.	dson
deat thend ermit, n, or		(Ye	, n <u>a, or unkno</u> wn) (	If yes give wor or dates of serv	/ice)	ERN	EST RI	HARDSON,	DARLINE	EM, NOT.
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dw r ding been the or to			stating the underlast.	ying cause (c)_						
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G PHYSICIAN: the hospital or this certificate detached for us te Dept. of Healt		L CERTIFICATION	20o ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY N	CAUSE OF DEATH MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCC	URRED. (Enter n	oture of injury in Pol	rt I or Port II of item 18.)		
		MEDICAL	20c. TIME OF INJUI Hour o.m	La	20d INJURY OCCURRED While Not While ot wark at work		NJURY (Home, farm, et, office bldg , etc.)	20f. (City or town)	(County)	(State)
ATTENDING stained by t CTOR: After should be a		- 1	21. I certif	y that (I) (this haspital	1) attended the deceased f	ram_/c/	4-, 19,	15, to 16/		that (1) (we) las
TTE			saw the de	ceased alive an	0/4 19.66 , ar	nd that deat	h accurred at	M, fram cáuses	s and an the d	ate stated above
L OR A be rel DIRECT  ge 3 s iled will				Je R. (	Cololfo Br. 4	M.D. PE	IYS. 🔲 DI	ED STAFF PHYS.	2 10/	4/66
TO HOSPITAL OR ATTENE Poge 4 moy be retained TO FUNERAL DIRECTOR: A director, poge 3 should should be filed with the	1		22c. PHYSICIAN'S NAME (Type)	F.R. ADO	LEO M	(D, 1	2d. ADDRESS	GRACE!	, ah	
HOS age 4 FUN FUN FUN hould		23a.	BURIAL, CREMATION REMOVAL (Specify)					23d LOCATION (City or T	1.1	nty) (State)
F - F	C	29	FUNERAL DIRECTOR	. 1001, 111	ADDRESS	20071	2So. REC'D B	Y REGISTRAR 2Sb. I	REGISTRAR'S SIGNAT	
VR A15 (4) 20 M 1/66	3		John H	. Harling,	DELTA, PA.		DATE 0		Milane	
	-01	1	- 7737	1 1						0 8



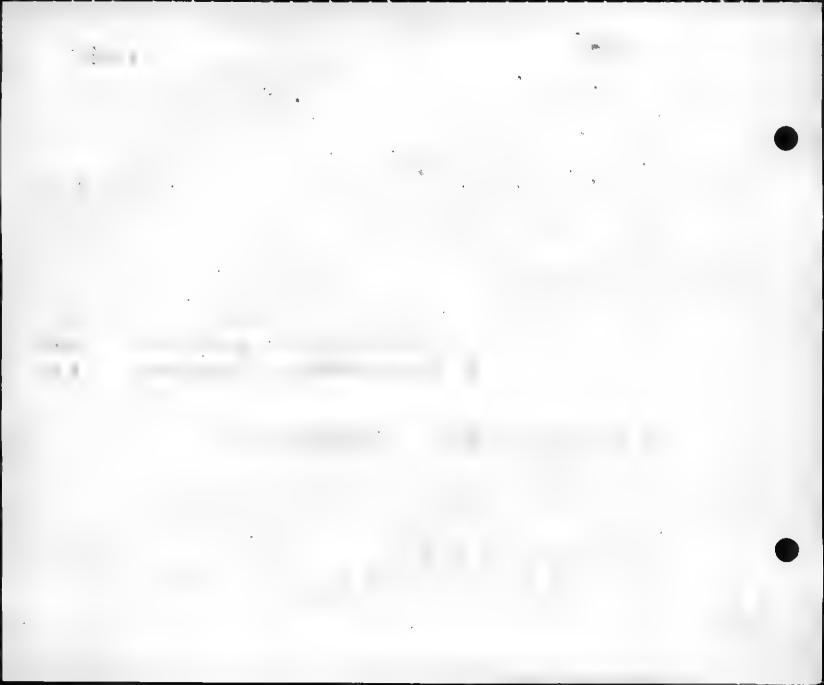
	14247		CERTIFICA	TE OF DEATH	,,	14246	
	O. COUNTY HARFORD		MARYLAND	o. STATE Ma		HAR-Good	
	b CITY OR TOWN (If outside corporate RURAL and give negros), if		c. LENGTH OF STAY IN 16	c CITY OR TOWN (If o		. 7 /	
	HARFORD MISTITUTE	IPN (If not in hospitol, gr	Hospital	of STREET ADDRESS	tocken Ra	e is residence on a farm? yes ☐ no ☑	
	3. NAME OF DECEASED (Type or print) ERN 6. CO. OR OR	V 1	Middle  NES  NEVER MARRIED	RIGON 1 8. DATE OF BIRTH	4. DATE Month OF DEATH OCTO	bez 15 1966 IF UNDER LYEAR LIFT UNDER 24 HRS.	
	M W  100 USUAL OCCUPATION (Give kind of w	WIDOWED [	DIVORCED DIVORCED	JUNE 7, 1891	lost birthday) 15 yrs.  y & State, or fareign country)	Months Doys Hours Min	
	during most of working life, even if retir アルミントモルルマニニ 13. FATHER'S NAME	ed) VINS	O. CLONELNWEND	- Md.,	(HAT Ford Co.)	COUNTRY 2.5.A.	
	IS WAS DECEASED EVER IN US ARMED	FORCES? 16. SI	OCIAL SECURITY NO.		576-3725 Addres	20 (20042)	
	(Yes, no, or unknown) (If yes give war	y one couse per line for		nos. Ediki P. R.	1301 3400 1301 3400	handad 21085	
	PART 1. DEATH WAS CAUSED IMMEDIA  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO  DUE TO  (b)  DUE TO  (c)	ardiac L arleir &	lavlic C	Dis nig	6 gus	
	PART II. OTHER SIGNIFICANT CON  200 ACC DENT WAS UNDERLYING E  R CONTRIBUTING CICAUSE OF DE	q reclu	m, Em	flesym	حر	19 WAS AUTOPSY PERFORMED? YES NO	
ı		ATH NER)	il il		Port I or Port II of item 18.)	(County) (State)	
20c TIME OF INJURY Month, Doy, Yeor Hour o.m. 19   20d INJURY OCCURRED   20e. PLACE OF INJURY (Home, form, foctory, street, office bidg, etc.)   20f. (City or town)   (County)   21. I certify that (I) (this haspital) attended the deceased from   19   ta 00   15   1966, that saw the deceased alive an 00   1966, and that death accurred at 20   22b DATE SIGNED   22b DATE S							
4	DEMOVAL ICA-ALA	DATE THEREOF	23c NAME OF CEMETERY		23d. LOCATION (City or Tov		
	REMOVAL (Specify)  24. FUNERAL DIRECTOR  Supervisional director	w. Broad BEI Air	BEI Hir MET DORESSIAMS MAMICON Z	norial Carden	D BY REGISTRAR 2Sb. REG	ord Co, Maryani ZIDIY CISTRAR'S SIGNATURE Clearley Judge	

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval and with the State Dept. of Health priar ta burial, crematian, ar remaval and event, within 72 hours after decay

VR A15 [4] 20 M 1/66

Joseph William Foster



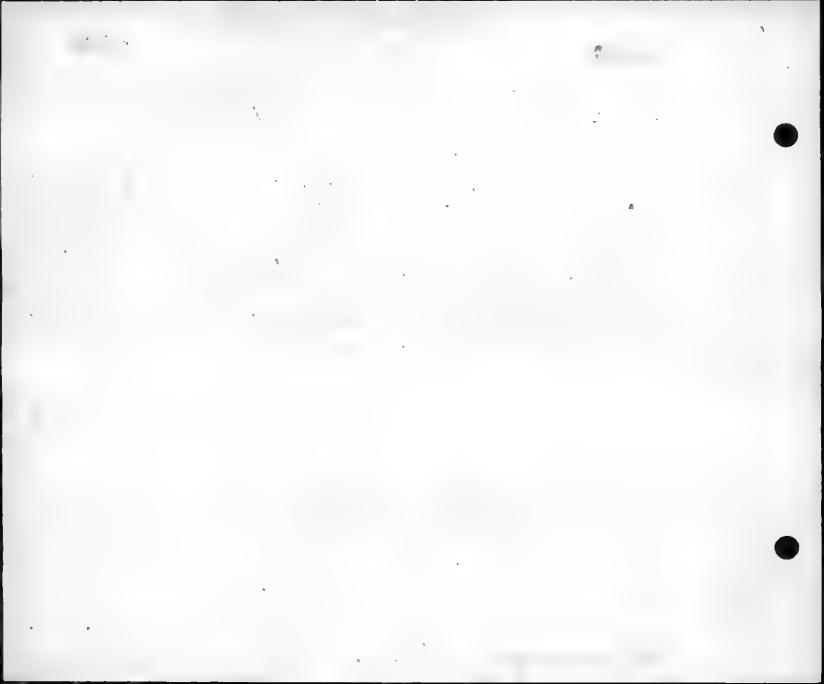
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Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND											
	. / 🖱	E_OF_DEATH 4247										
1.	PLACE OF DEATH S. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY y										
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  AMARYLAND  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)										
1	Rural Bel Air   2 years d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) Harford Conv. Home	ON A FARM?										
3.	NAME DF First DECEASED B. First TAMPED	Last 4. DATE Month Day Year										
E,	(Type or print)	Roe DEATH October 21. 19 66  8. DATE DE BIRTH 9. AGE (In years   JEUNDER 1 YEAR   JEUNDER 24 HRS.										
_1	Male White WIDOWED DIVORCED	Dac. 23. 1881. (right)   Months   Days   Hours   Min.										
dur	B. USUAL OCCUPATION (Give kind of work done lands) 10b. KIND DF BUSINESS DR INDUSTRY  Do + 1 1000	Maryland - USA										
13.	Retired	14. MOTHER'S MAIDEN NAME										
15.	Robert E. Roe . was deceased ever in u.s. armed forces?   16. social security no.   17.	Addie J. Ewell INFORMANT										
(16	es, no, or unkown) (If yes give war or dates of service) Antimomy 3/	nest Mc Dathlin, Tort Reposil, Mil.										
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Uremia	INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS										
	∀××1 DUE TO											
	Cenditions, If any, which again of the course (a), stating the DUE TD											
2	underlying cause last. (c) Chr. Arterio-scler PART II. DTHERSIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	otic cardio-vascular disease 2										
CERTIFICATION		PERFORMED? YES NO S										
	2D3. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCC DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II of Item 18.)										
MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL   Hour a.m.   While   Not While   at work   at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)										
-	21. I certify that (I) (this hospital) attended the deceased from	Sept. 19, 1964 to Oct. 21, 1966, that (1) turns last										
	saw the deceased alive on October 10, 1900, and the	at death occurred abs 15m, from the causes and on the date stated above.										
	220. PHYSICIAN'S Willard P. Hedsom.	D. PHYS. DIRECTOR PHYS. Oct. 21, 1966										
	NAME (Type) Willard P. Hudson, M.D.	Forest Hill, Md.										
<b>23</b> a	REMDVAL (Specify)											
24	Burial 1/10-23-1946 Hopewell  FUNERAL DIRECTOR  ADDRESS  ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE										
	Tee A. Patterson & Son. Perryvil	110 Md DATE OFT 25 1966 Ocharles Judge										

VR AJ5 (4) 20M 1/65

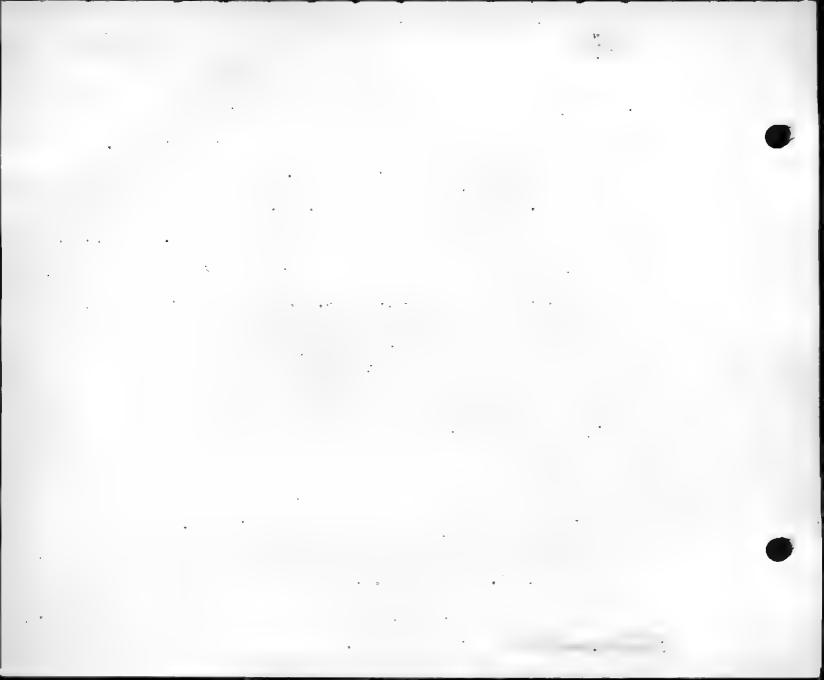




ID HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exemuted within \$4 hours witer death. Page 4 may be retained by the hospital or attending \$\textbf{U}\text{signan}\$. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place demove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

	2434		CERTIFICATI	C OF DEALL			4741	
1.	PLACE OF DEATH			2. USUAL RESIDENC	E (Where d			before admission)
	a, COUNTY	arford	BARRY AMP	a. STATE	rvla	b. cour	Yarf	o m d
			MARYLAND ENGTH OF STAY IN 1b	c. CITY OR TOWN (If				
	write RURAL a	nd give nearest town)		3	erde			
	Aberde	On,   PITAL OR INSTITUTION (if not in hospital	all alte atreat addrson)	d. STREET AODRESS	701 de	OII		e. IS RESIDENCE
	G. MARIE OF HOSE	TIAL OR INSTITUTION (IF BUT HE HUSPITE	ii, Kive street address)	U. SIRCEI AUDRESS				ON A FARM?
	310 Ba	ltimore Street		31.	O Ba	1 timore	St.	YES NOTEX
3.	NAME OF DECEASED	First	Middle	Last	4. DATE	Mont	h Day	Year
	(Type or print)	DOROTHY	ELLERY	ROWE	DEAT	O C C C C		19 66
5.	SEX	6. COLOR OR RACE 7. MARRIED X	NEVER MARRIED	. OATE OF BIRTH	5	AGE (In years	IF UNDER 1 YEAR	
	Female	Cau, widowed	DIVORCED	Apr. 12, 1	912	last birthday)	Months Days	Hours Min.
lOa	USUAL OCCUPATION	ON (Give kind of work done   10b, KIND O	OF BUSINESS OR	11. BIRTHPLACE (Co	ounty & Stat		y)   12. CITIZEN	OF WHAT
lur	ing most of workin	g life, even if retired) INDUS	TRY	Manhinal	. D	O 20 20 O	COUNTRY	
17	Vurse FATHER'S NAME		oital	Nanticok		enna.	U.S.	A .
13.								
		lijah Ellery		Proper	XXXXX			dams
15 (Ye	. WAS DECEASED EV	VER IN U.S. ARMED FORCES?   16. SOCI. (If yes give war or dates of service)	AL SECURITYNO. 17.	INFORMANT		Addre	SS	
	Yes	WW-II  213-	120-1621	Nm. G. Row	re() ()	Aherdee	n, larv	land ;
	18. CAUSE OF D	EATH [Enter only one cause per line fo	or (b), (b), and (q), [3	~	17		INTE	RVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	Atribe Ar	DIAZIN INS	ut Ni	CIPULU		ענון מוזים
	and/ / 1/	· ·	A TOP CON		1/11	7		
	f of ()   Conditions, If a	DUE TO	1 MENBYE	July Little 6	1616	c /		LVV.
	gave rise to I	Immediate (	THE THE PARTY OF	Alland		7		
	cause (a), sta							
22	underlying Ceuse	GNIFICANT CONDITIONS CONTRIBUTING	TOTCATUDITADADELA	TEO TO THE TED MINAL O	VIOLAGE CO	MINITION CIVEN IN	(PART 1(a)   19.	WAS AUTOPSY
	PARTIT. U CE S	M - 1	TO DEATH BUT KUT KELA	HED TO THE TERMINALD	NO ENGL UU	MDITION GIFTEN		PERFORMED?
100	1 1	RACIC DIVINCE	INS					ES NO
3	20a. ACCIDENTY	AS UNDERLYING   200. DESCI IG   CRUSE OF DEATH IFY MEDICAL EXAMINER)	RIBE HÓW INJURY OCCU	RREO. (Enter nature of	injury in	Part   or Part	of Item 18.)	
CE	(IF EITHER, NOTI	FY MEDICAL EXAMINER)						
SAL	20c. TIME OF IN	NJURY Month, Day, Year   20d. INJUR	Y OCCURRED   20e. PLA	CE OF INJURY (Home, fa	ırm, 20f.	(City or town)	(County)	(State)
	Hour a,m.		Not While at work	ry, street, office bldg., e	(0.)	3 0	1.0	
Σ	p.m	/		6-14- 1	977	10-6		hat (I) (we) last
	1 . 1. 7	that in (this how all attended the	10 00 a and that	death occurred at 5		U		
	saw the deck		19 V and that	Lueaur occurred at	الماليات	igosi, gie causes	22b. DATE SI	GNED _
	224. 310/1/1	WALL IN THE	AAAA		MED.	STAFF	10-0	7 -66
	22c. PHYSICIAN	The All All	W.C. M.C.	), PHYS. [ ] I	DIRECTOR	PHYS.	1	(-01)
	NAME (Typ	Peter P. Rodma	an, M.D.	8 Law St	. A	berdeen	. Marvl	and
0.0	BUDIAL OF THE		c. NAME OF CEMETER			LOCATION (City, I		(State)
23	REMOVAL (Spec	olfy)						,-
_	Burial	LEE OCT OO AY		ational Ce	c'd BY REC	CICHORD I 35h	ington. REGISTRAR'S SIG	V 8
7	FUNERAL DIREC	// Lot 1 11/2	,	T.Ome				
1	MUSUILLACE	Occile Al. Aber	rdeen, Ad.	DATEO	J 1 ()	1966 4	Marle	Judge

VR AI5 (4) 20M 1/65



24 Fours after leath.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or feedoval, and in any event, within 72 hours after death.

TO MINIMIZE OR ATTENDING PRYSTOIAN. The law remaines that the death curtilizate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	PLACE OF DEATH	Н				2. USUAL RESI	DENGE (Where de	ceased lived, If	Institution: R	esid <b>ence</b> before	admission)
	s. Godini t	Harford		MADY	CLAND	e. STATE	Marylar	nd b. co	אדאעכ	Harfor	ð
-	b. CITY OR TOW	N (if outside corpora and give nearest tov	te limits,	c. LENGTH OF STA		c. CITY DR TOWI	V		-		146
	(Rural)	Aberdeen	(n)			(Rural	Ahe	rdeen			
-	d. NAME OF HOS	SPITAL OR INSTITUTION		spital, give street a	(ddress)	d. STREET ADDR		ADO	LHOOM	l e, IS R	ESIDENCE
_	Route						Route	<b>#1,</b> B	ox 75		FARM?
3.	NAME DF DECEASED	F	irst	Middle		Last	4. DATE	Mo	nth	Day \	ear
	(Type or print)	JO	HN	F.		SCHANZ	OF DEATH	Octo	ber :	15 19	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D [32]	. DATE OF BIRTH	9.	AGE (in yea		YEAR IF UND	
	Male	Cau.	WIDOWED	DIVORCE	D	Oct. 1/1.	1891	75 vrs.	HOUGH	Days Hour	s Min.
10: dui	B. USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done 1Db. KII	ND OF BUSINESS OF			E (County & State,		try)   12. CI	TIZEN OF WH	AT
	Farmer-	Mail Carr	ier Fa	rm & Pos	st 0.	ff. Harf	ord Co.	, Md.	U.S	S.A.	
13	. FATHER'S NAM	E				14. MOTHER'S I	MAIDEN NAME				
		eorge F.				Mati	lda Hay	S			
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCFS? 16. S	OCIAL SECURITY NO	0.   17.	INFORMANT			ress		
	No		22	0-34-741		Wilhelmi	na Sch	fiz, A	berde	en, Mó	•
		DEATH [Enter only on		e for (a), (A), and (	c).]	•	of it	1	7	INTERVAL I	DEATH
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a)	Acut	1 9	OFO N Dru	1 JUSV	ne ien	cu/<	ONSE! ALL	-
	1	DUE	TO			Α.				IELM	NS L
	Conditions, if		(b)	- Car	15NO	v VCC	V9 tov		' )		,
	gave rise to cause (a), si		TO	•							
_	underlying caus	e last.	(c)			1					
Ę	PART II. OTHER S	SIGNIFICANT CONDITION	ONS CONTRIBUT	ING TO DEATH BUT I	NOT RELA	TED TO THE TERMIN	NAL DISEASE CON	DITION GIVEN	IN PART 1(a)		AUTOPSY DRMED?
ICA.										YES 🗍	NO T
CERTIFICATION	20a, ACCIDENT OR CONTRIBUTI	WAS UNDERLYING ON CAUSE OF DEA	20b. DE	ESCRIBE HOW INJU	RY OCCU	RRED. (Enter natur	re of injury in Pa	rt I or Part I	of Item 18.		
MEDICAL	20c. TIME OF I	INJURY Month, Day,		JURY OCCURRED	20e. PLA	CE OF INJURY (Hom ry, street, office bld	e, farm, 20f.	City or town)	(Cou	nty)	(State)
	P,II		While at work	Not While at work	+			At.	- 1	٨	
	21. Neerlif	that (I (this hos)	oital) et lender	the deceased f	rom	-Ab -	195 / to	UCI	5 19 0	1. that (I)	(we) last
	saw the det	eased alive on	1/11-,	1 -19 05	and that	death occurred	Gie PM. fro	om the cause	es and on th	e date state	d above.
	22a. SIGNATUR	FILA	1/2/2	F 1 13 11			1			TE SIGNED	
ı	V	WW - 1		Con The Wille	, M.D	ATTENDING PHYS.	MED. DIRECTOR	J STAFF D	] ]	0-16-	lak .
	22c. PHYSICIA NAME (T)					22d. ADDRES	S				<del></del>
		Peber	P. Ro	dman, M.	D.	8 Law	Street,	Aber	deen,	Md.	
232	REMOVAL (Spe	ATION, 23b. DATE		23c. NAME OF CI	EMETERY	OR CREMATORY	23d. LO	CATION (CIty,	town or cou	nty) (	State)
1_	Buria	1 10-1	8-66		eme	tery	Abe	rdeen	, Mar	yland	
24	FUNERAL DIRE	CTOR	Tarrin	g Funers	1 1	ome 25a.	REC'D BY REGIS	STRAR 25b.	REGISTRAR'	SIGNATURE	
a	Malu all	acounte Al		deen. Mo		DATE	OCT 19	1966	Jelia	rley Ju	dge
-			-						#		G .

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATIST	CAL RESEARCH AND RECORDS, 30	I W. PRESTON STREET, B	ALIIMUKE, MAKTLAND	21201					
2252	CERTIFICATE	OF DEATH	1	4251					
1. PLACE OF DEATH o. COUNTY Harford	MARYLAND	2. USUAL RESIDENCE (Where of o STATE New )	deceased lived of institution Re						
b CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town)  Howe de Grace	12 day	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
d NAME OF HOSPITAL OR INSTITUT ON (IF not Hanford Mamor		d STREET ADORESS	Ave.	ON A FARM?  YES NO					
3 NAME OF DECEASED (Type or print) Claude	A .	1 - 1 - 0	ATE Month F EATH /O	00y Year					
S SEX 6 COLOR OR RACE Cau.	7 MARRIEO NEVER MARRIEO OVORCED	DATE OF BIRTH	9 AGE (In yeors IF UI lost birthdoy) Mon	NOER I YEAR IF UNDER 24 HRS ths Days Hours Min					
10o USUAŁ OCCUPATION (Give kind of work done degring most of working life, even if retired)	10b. KIND OF BUSINESS OR INOUSTRY	11 BIRTHPLACE (County & State Vew S	, //	2. CITIZEN OF WHAT COUNTRY?					
13. FATHERS NAME Edward Short		14 MOTHER'S MAIDEN NAME Claudine	Holstain						
(Yes, no, or unknown) (If yes give wor or dotes of		informant Seff	Address						
18. CAUSE OF DEATH (Enter only one cous PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (	Herita Porpris	occlusion		INTERVAL BETWEEN ONSET AND DEATH					
Conditions, if ony, which gove (in the first to immediate couse (o),	Hypertasin	ASCVO		year					
stoting the underlying couse	ro			1					
PART II OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO					
200. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I o	or Port II of item 18.)						
ZOc. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)					
	oital) attended the deceased fram	10/3/64, 19 t death occurred at	, ta/0/19, M, fram/causes and	19 GC, that (1) (we) last an the date stated abave					
220. SIGNATURE Cles Brig of	Pert Kind MI	- 11112	C STAFF C	DATE SIGNED 10/14/66					
22c PHYSICIAN'S NAME (Type) A.W. GR	LGOLEIT		Grace, Me	1.					
230 BURIAL, CREMATION, 236 DATE THE	,1966 SILVER B	ROOK ENL	NiLMINGTON	(County) (Stote)  DEL.					
24 EINERAL DIRECTOR Mitchel	W. Havrede Strace	Ma DATE OCT	egistrar 256. registri	learles Judge.					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death and completely filled in by the funeral remaye carban papers. Pages 1 and 2 in genent, within 72 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician or director, page 3 shauld be detached far use as the burial-transit permit. Then place should be filed with the State Dept. af Health priar to burial, cremation, ar remayal, attention Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66

8.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. after death, USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY **b.** COUNTY Harford the ss MARYLAND by the Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours hours From Havre Street de Grace Ξ bon papers. within 72 ho e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled ON A FARM? Brevin Nursing Home Federal Hil YES X Road NO within completely carbon DATE NAME OF 4. Month Day Year 3. First Middle Last remove carbo DECEASED DF 1966 (Type or print) DEATH 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS SEX 7. MARRIED NEVER MARRIED [ last birthday) Months Davs Hours White WIDOWED X DIVORCED [ 8 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY physician i 5 11. BIRTHPLACE (County & State, or foreign country) þ and .S. A farming retired Maryland Gen. Street. armer certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME William Ralph Slade lary Susan Fletcher Jerryddres Road 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT transit permit. death (Yes, no, or unkown) ((If yes give war or dates of service) 220-34-63 Street, iid. William Trout 0 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per-line for (a), (b), and (c).] burial-transit burial, cremat ONSET AND DEATH by PART I, DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) Signed Juotasla DUE TO Conditions, If any, which (b) peen rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. has NO WAS AUTOPSY 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) r this certificate h detached for use te Dept, of Health I for use Health use PERFORMED? CERTIFICAT the hospital or YES NO X 70a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHER MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Bort 1 or Part 11 of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) q, Hour a.m. CTOR: After should be d While Not While at Work at work be retained DIRECTOR: A age 3 should iled with the 21. I certify that (I) (this hospital) attended the deceased from 1966, and that death occurred at 136M, from the causes and on the date stated above. saw the deceased alive on DATE FIGNED 22a. SIGNATURE 22b. ATTENDING PHYS. page filed PHYS. DIRECTOR Page 4 may t ZZZZM.D. FUNERAL 22d. ADDRESS director, p 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMAYORY 23d. LUCATION (City, town or county) (State) DATE THEREOI 23c. 2 REMOVAL (Specify) arrettsvil rettsville Buria. Harv and REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 1966 Jarrettsville, Md. harles E. Kurtz

VR AIS (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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eat	eral and leat			PLACE OF DEATH D. COUNTY					2. USUAL RESIDE	NCE (Where de	eceosed lived, if institute b. COUN	itv	
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pa	call rent	ŀ	5 5		6 COLOR OR RACE	7. MARRIED	□ NE\		B DATE OF BIRTH	) DE	9 AGE ( n years		I IF JNDER 24 HRS
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뜜	E = F		15. {Yes	WAS DECEASED EVE s, no, or unknown)	R IN U.S. ARMED FORCES? ((If yes give wor or dotes)	of service l	SOCIAL SEC		INFORMANT		Addre		
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Ě	the sit p			PART I. DEAT	ATH (Enter only one col H WAS CAUSED BY	use per livie for	(o), (b), o	race Dec	DA and i			9	NSET AND DEATH
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OR ATTENDING PHYSICIAN: The flaw requires that the death certificate be executed within 24 haurs after death he executed within 24 haurs after death	Ly the haspital at attending pression.  After this certificate has been signed by the attended be detached for use as the burial-transit permit State Dept. of Health priar ta burial, crematian, an		L CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. D	escribe hov	W INJURY OCCURRED.	(Enter noture of inju	ry in Port I ar	Port II of item 18.)		·
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5 € 1 ≥ 1 ≥ 1	i de la companya de l			22c. PHYSICIAN'S			7-1-1-		22d. ADDRES			-	
PIT	ERA Ir, p	/		NAME (Type)	Claren	ce I.	Bens	son	Por-	Depo	cit, Md.		
TO HOSPITAL	TO FUNERAL DIRECTOR: After director, page 3 should be discussed by the should be filed with the State		230	BURIAL, CREMATIC	ON, 23b DATE TH	EREOF		AME OF CEMETERY OR	CREMATORY		LOCATION (City or To-		
<b>5</b>	5 E E	3	Bu	REMOVAL (Specify	210/19/	1966	Нор	ewell Ce	me teny		ort Depor		cil.Md
	VR A15 (4) &	1	24.	FUNERAL DIRECTO	Coltino	703-	-/ Da	DDRESS	250	REC'D BY REC		GISTRAR'S SIGNAT	URE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) deo 1. PLACE OF GEATH o COUNTY b. COUNTY Maryland Harford Harford inpletely filled in by the fur Ve carban papers. Pages 1 event, within 72 haurs after MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Rural - Street 72 years Rural - Street B. IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) sinpletely filled u Ve carban paper Doyle Road Doyle Road NO C OATE 3. NAME OF Firs\* Middle 1 ast Month Ogy Year OECEASED (Type or print) October 23, WILLIAM EDGAR REAKLE DEATH 9. AGE (In years IF UNDER 1 YEAR I IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH last birthday) Manths May 16,1894 Male White and in any DIVORCED WIDOWED 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician to during most of warking Life, even if retired) COUNTRYS INDUSTRY Street. Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar removal, attending phys permit. Then Elizabeth Huff Basil G. Treakle 17 INFORMANT WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes\_no, or unknown) ((If yes give wor or dates of service) Mrs. Grace Treakle. Street. Md. 217-36-4119 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED 8Y INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause last. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO P 20a ACCIDENT WAS UNDERLYING [ 20b OESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg, etc.) Haur o.m. Not While at work at wark 21. I certify that (1) (this hospital) attended the deceased from **2**, 19*44*, that (I) (we) last 2 19 66, and that death occurred at 2100M, from causes and on the date stated above. O FUNERAL DIRECTOR: saw the deceased olive on\_ 22o. SIGNATURS 22b. DATE SIGNEO ATTENDING Oct. 24.1966 DIRECTOR M.O. PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S Josiah A. NAME (Type) Hunt M.D. Delta Pa 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BURIAL, CREMATION, 23b OATE THEREOF (County) Street, Harford Co., Md. REMOVAL (Specify) Emory 25b. REGISTRAR'S SIGNATURI **AODRESS** 25o, RECD 8Y REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Delta.Pa.



20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

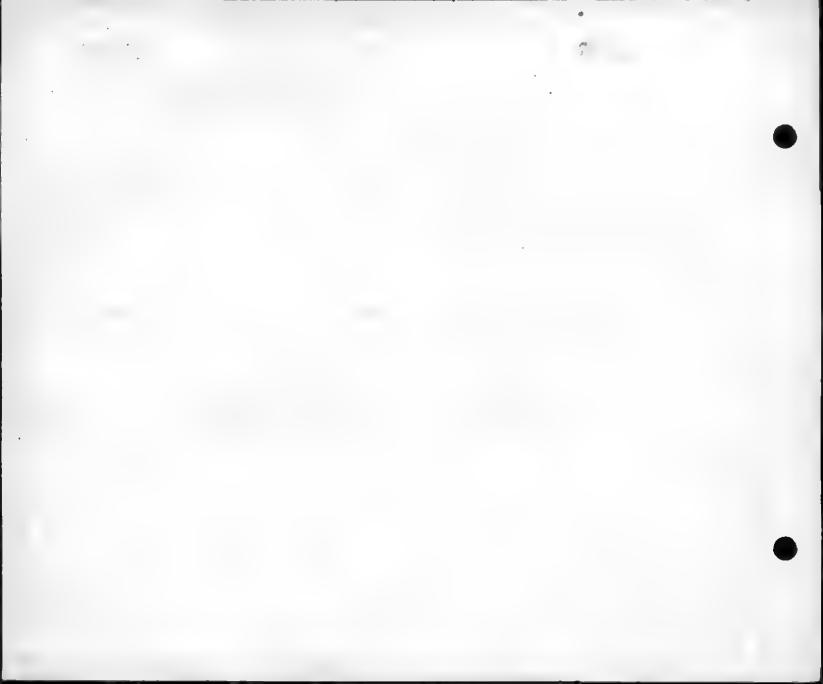


Joseph William Foster



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deregsed lived, if institut on Residence before admission) a. COUNTY b COUNTY MARYLAND attending physicion ond campletely filled in by the fur permit. Then please remove carbon papers. Pages 1 on, or removal, ond in ony event, within 72 hours ofter b. CITY OR TOWN (If autside corparate limits, c LENGTH OF STAY IN 1h CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town VYE avre de. Grace d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARMY YES -NO 4 Wa MINICA 3 NAME OF First Middle DATE Year DECEASED (Type or print) DEATH SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** last birthday) Manths Days Hours WIDOWED DIVORCED KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10h . BIRTHPLAGE/County & State\_or foreign country) during proof of warking life, even if retired COUNTRY INDUSTRY. S FATHER S NAME 14 MOTHER'S MAIDEN/NAMI signed by the attending physi buriol-transit permit. Then pl buriol, cremation, or removal, Momas 15\_WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT (fes, no/of unknown) (If yes give war or dates af service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO Conditions if ony, which gave rise ta immediate cause (o), DUE TO has been s stating the underlying cause of Health priar to last 19. WAS AUTOPS PERFORMED PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [3] 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (Stote) (City or town) (County) Hour o.m. factory, street, office bldg., etc.) Nat While at wark at wark 19 66, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from but 1960 6 director, page 3 should should be filed with the saw the deceased alive on the and that death accurred at 304/PM, from causes and on the date stated above 22a. SIGNATURE 22b DATE SIGNED STAFF M.D. PHYS DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) LOCATION (Com or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF 23d (County) REMOVAL (Specify) **ADDRESS** 25 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUMERAL DIRECTO VR A15 (4) 20 M 1/66

The law requires that the death certificate be executed within 24 hours after



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE J. MARYLAND
CERTIFICATE OF DEATH

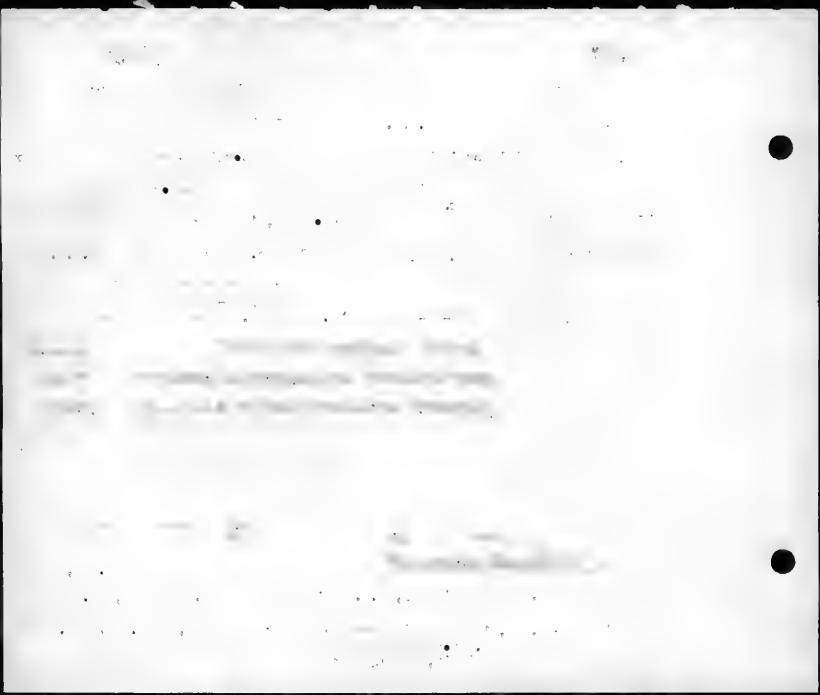
<b> </b> _	4: C			CERTIF	ICATE	E OF DEATH	1	142	90	
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	write RURAL	(N (if outside corpora and give nearest tow o de Grace	te limits, c. vn)	D.O.A.	NY IN 1b	c. CITY OR TOWN (III		rate limits, write	RURAL and g	ive nearest town)
		SPITAL OR INSTITUTION			d. STREET ADDRESS	4.5		. 25."	a. IS RESIDENCE	
		ord Memoria			add(\$33)	150 Mc		ON A FARM?		
3.	NAME OF DECEASED		irst	Middie		Last	4. DATE	Month	Day	YES NO Year
	(Type or print)		,		hite		OF DEATH	October	29,	19 66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRII		. DATE OF BIRTH		AGE (in years if ast birthday) Me	HINDER 1 VEAS	R I FUNDER 24 HRS.
1	Male	White	WIDOWED [	DIVORCE			714 76	уга.		Hours Min.
		ION (Give kind of work ing life, even if retire		OF BUSINESS OF BUS		11. BIRTHPLACE (C			12. CITIZEN COUNTR	Y?
	eneral Ma	intenance_	U.S.	Governme	nt	Butler Co.		ylvania	U .S	5 .A .
		Thomas Davi	d White					neinberg	er	
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES?   16. SOC	CIAL SECURITY N	0.   17.	INFORMAN(W11e)		100		
["	Yes	(If yes pive war or dates of WW#2 Navy	7 Service) 218	05-9895		s. Myrtle M			same	
		DEATH [Enter only on								ERVAL BETWEEN SET AND DEATH
	PART I. DE	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) ACUT	TE CAL	RDIA	C FAILUS	96			INUTES
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	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING DAUSE OF DEA ING CAUSE OF DEA INFY MEDICAL EXAMI	TH NER)	CRIBE HOW INJU	JRY OCCUI	RRED. (Enter nature of	injury in Part	l or Part II of it	tem 18.)	
MEDICAL	20c. TIME OF I Hour a.n p.r		Year 20d, INJUI While at work	RY OCCURRED Not While at work	20e. PLAC factor	E OF INJURY (Home, fa y, street, office bidg., e	rm, 20f. (Cl	ty ar town)	(County)	(State)
l	21. I certif	y that (I) (this hosp	ital) attended (	the deceased i	from	, 19	948, to_	3068	19 66, t	hat (I) (we) last
Н	saw the dec	eased alive on	3007	19 66	and that	death occurred at	150M, from	the causes an	d on the dat	le stated above.
	a	N. Mon	tor six	well	M.D.	PHYS. ZE	MED. DIRECTOR	OTAFF	Oct. 29	
	22c. PHYSICIA NAME (Ty		roctor Si	dwell, M	.D.	401 Frank	din St.	Bel Ai	r, Md.	21014
23	BURIAL, CREM REMOVAL (Spe Burial	ATION, 23b. DATE 1 Oct. 31		3c. NAME OF C		or crematory al Gardens		r, Harf.		(State)
	FUNERAL DIRE	CTOR		adADORESS				RAR   25b. REGI		
	- Janker	relian tritue				1014 DATE 0	BCT 3 1	1966 20	Charle	Judge.

VR AIS (4) 20M 1/65

Joseph William Foster

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any-event, within 72 hours after deater

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deatll certificats be executed within 24 hours after seath. Page 4 may be retained by the hospital or attending physician.



188-21 Film 382 10-2MARYLANDISTATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4 4 OF 0

17.000

	15200		MEDICAL EXAMINE	K.2 (	EKITFICATE	IF DEATH	1 1	420:	3				
1.	PLACE OF DEATH			1	2. USUAL RESIDENCE (		l lived, if institut	ITV			in)		
		HARFORD	MARYLAN	iD	MAR MAR	LAND	u, cou	HA	RFOR	D			
	b. CITY OR TOWN (I	It autside carparate limits,	c. LENGTH OF STAY IN 11	b	c. CITY OR TOWN (If at	utside carparate	limits, write RUI	RAL ond give	neorest	town)			
	ABERDEEN	PROVING GRO	UNDS			Air			12	- /			
	d. NAME OF HOSPITA	AL OR INSTITUTION (If not in	haspitol, give street oddress)		d. STREET ADDRESS    0 IS RESIDENCE ON A FARM?								
	Kirk Arm	y Hospital			Pros	pect Mi	.11 Road		Y	principal princi	NO K		
3.	NAME OF DECEASED	First	Middle		Last	4. DATE	Mont		Doy	Yeo	or		
	(Type or print)	ELLI E	D.J.		WINN	OF DEATH	October	!	17	<b>э</b> 19	66		
S.	SEX		MARRIED NEVER MARRIED	8.	DATE OF BIRTH	9.	AGE (In years last_hirthday)	IF UNDER 1		IF UNDER			
	Female	White	WIDOWED DIVORCED		ec. 11,	1936	29 yrs.	Months	Days	Haurs	Min.		
IDe	. USUAL OCCUPATION	(Give kind of work done	10b. KIND OF BUSINESS OR		11. BIRTHPLACE (State	or fareign cour	ifry)		IZEN OF	WHAT			
auı	ing most of working. Housewi	Te	INDUSTRY Home		Germa	nv		TI	UNTRY?				
13.	FATHER'S NAME				14. MOTHER'S MAIDEN				W 1				
	Ph	illip Scha	effer		Franc	isca	Kramme:	r					
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dates at se	16. SOCIAL SECURITY NO.	17. IN	FORMANT		Addre						
[14	es, no, ar unknawn) No	(It yes give wor or dates at se	rvice)		Richard J	. Win	n Rel	Air.	Md				
_		ATH (Enter anly one cause p	per line far (a), (b), and (c),)		ita orida de o	9 11 11	201	414.4.9		VAL BET	WEEN		
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	Conditions, if any, which gave ) (b)												
	rise to immediat	e couse (a), (											
	stating the under	living cause (c)							Ì				
	PART II. OTHER SIG		RIBUTING TO DEATH BUT NOT RELATED	TO TH	F TERMINAL DISEASE COL	VDITION GIVEN	IN PART 1(n)		119. V	VAS AUTO	PSY		
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PRIMARY ar CONTRIBUTING													
B	CAUSE OF DEATH.	JRY Manth, Day, Year	20d. INJURY OCCURRED 20e	DIACE	OF INJURY (Home, form	n. 2Df. (	City or tawn)	(Cau	mtul		State)		
MEDICAL	Haur o.n	n.	While Not While at work		y, street, affice bldg., etc.]		City of Tuwit)	(cuu	iiii y j	(:	narej		
		No.	f the remains described above	e held	on Autonsy X	Inspection	no.	airy 🗍,	and	n my	opinion		
	death result		ouses 🖾 . Accident 🗍		e . Homicide		etermined m	, –	1	ii iiiy	phillon		
	000111 103011	PI A	Action D.	JUICIO	CHIEF MEDICAL		7	TIMICI (	J.				
	ACTUAL SIGNATURE	Charles )	Some of the second			ICAL EXAMINER	X)		22	DATE	SIGNED		
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BUSINESS FORMS, INC., BALTIMORE, MD. 21201

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